



ANNUAL REPORT
ON THE
HEALTH
OF THE
COUNTY BOROUGH OF DARLINGTON,
FOR THE YEAR 1931.

DARLINGTON:
ECHO PRINTING WORKS, FREEMAN'S PLACE,

—
1932.

County Borough of Darlington.



Annual Reports

UPON THE

HEALTH OF DARLINGTON,

For the Year, 1931.

G. A. DAWSON, M.D., D.P.H.,

Medical Officer of Health,

Medical Superintendent of the Borough Isolation Hospitals,

School Medical Officer,

Medical Certifier under M.D. Acts.

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INTRODUCTORY LETTER.

HEALTH OFFICE,

FEETHAMS,

DARLINGTON.

*To the Chairman and Members of the
Health Committee.*

GENTLEMEN,

I have pleasure in presenting the Report of the Health of Darlington for the year ending 31st December, 1931. It is drawn up in accordance with the instruction of the Ministry of Health and is somewhat shorter than last year's quinquennial survey.

The year has been the busiest in the history of the department. The Local Government Act, the Darlington Corporation Act, the Housing Act, and the Byelaws relating to Housing and the new Slaughterhouse, have imposed many additional duties and responsibilities without any corresponding increase in staff. Further, the extension of the boundaries to include Haughton, Drinkfield and Blackwell, involved us in urgent sanitary improvements. Unemployment and financial distress have precipitated increased calls on our existing services, and it is not surprising that with almost one-fourth of our insured population unemployed the attendances at the Clinics have been the largest on record. The new Maternity and Child Welfare Centre opened at Haughton in December is serving that new district with very creditable results to hand already.

The birth rate (15·3) is the lowest on record, and under present economic conditions this would not be a matter of complaint, were it not associated, as it is, with a high maternal mortality. The death rate (12·5), though slightly higher than the average for the past five years, owing to the influenza mortality in the first quarter of the year is, nevertheless, associated with an infantile mortality of only 73, and a diarrhoeal death rate of 4·5 per 1,000 births, the lowest in the North-East.

Excepting influenza there were no serious outbreaks of epidemic infectious disease, and the deaths were few comparatively. Owing to influenzal pulmonary complications, our tuberculous patients suffered more than usual. Female cases of advanced and infectious pulmonary tuberculosis are now being admitted to our Fever Hospital, in addition to the sanatoria provided by Durham County Council, to relieve conditions in the homes.

The new Open Spaces, Dodmire Elementary School, the Swimming Bath, the Public Library, the Public Slaughterhouse, are features worthy of mention in the march of progress towards a healthier and a more enlightened community. Direct education of the public in health matters has been continued as in past years by Baby Day Celebrations at Polam Hall, Health Week in the Centres and Schools, the publication of "Better Health" by the Medical Officer of Health, 1,000 copies being circulated monthly, and by public lectures by the staff.

I need scarcely add that the health of the town will be decidedly enhanced when adequate houses for the working classes become available. In the present shortage the instances of grave and indecent overcrowding, of bronchitis and pneumonia, of advanced tuberculosis, of exorbitant rents, of sub-letting by landlords and tenants, cannot very easily be remedied until a slight surplus of houses of low rental is provided. The houses built during the past ten years have not catered for the type of people who most require re-housing, on account of high rents. These latter, encouraged by certain short-sighted property owners have taken the remedy into their own hands by occupying and sub-letting tenements in the best residential parts of the town. It is anticipated that the non-statutory Rent Committee recently set up to advise victimised tenants will achieve some useful results.

Finally, I am pleased to have this opportunity of publicly expressing my indebtedness and grateful thanks to the Chairman and members of the Health Committee, to the chief officials and colleagues of other departments, for sympathetic consideration and support in any schemes put forward, and to the staff for unfailing and unstinted service under often very trying strain of overwork and rush.

I am, your obedient Servant,

July, 1932.

GEORGE A. DAWSON.

HEALTH COMMITTEE.

Alderman Dr. D. L. FISHER, D.S.O., J.P. (<i>Chairman</i>).	Councillor T. E. HUDSON.
Alderman A. J. BEST, J.P.	Councillor B. JACKSON.
Councillor H. P. BELL, J.P.	Councillor J. W. RICHARDSON.
Councillor M. GALLAGHER.	Councillor C. J. TODD.
Councillor PEARSON HARRISON.	Councillor A. TREES.
	Councillor J. WATERS.

MATERNITY AND CHILD WELFARE SUB-COMMITTEE.

Alderman Dr. D. L. FISHER, D.S.O., J.P. (<i>Chairman</i>).	Councillor J. W. RICHARDSON.
Alderman A. J. BEST, J.P.	Councillor A. TREES.
Councillor H. P. BELL, J.P.	Councillor J. WATERS.
Councillor PEARSON HARRISON.	Mrs. L. L. LEACH, J.P.
Councillor T. E. HUDSON.	Mrs. M. A. FLEETHAM.
Councillor B. JACKSON.	Mrs. M. SUTHERING.
	Miss L. TRINHAM.

MATERNITY (Special Cases) SUB-COMMITTEE.

Alderman Dr. D. L. FISHER, D.S.O., J.P. (<i>Chairman</i>).	Alderman A. J. BEST, J.P.
	Councillor H. P. BELL, J.P.

HOSPITAL VISITING ROTA SUB-COMMITTEES.

November, December, January, May, June, July.

Alderman Dr. D. L. FISHER, D.S.O., J.P. (<i>Chairman</i>).	Councillor B. JACKSON.
Councillor H. P. BELL, J.P.	Councillor J. W. RICHARDSON.
Councillor PEARSON HARRISON.	Councillor A. TREES.

February, March, April, August, September, October.

Alderman Dr. D. L. FISHER, D.S.O., J.P. (<i>Chairman</i>).	Councillor T. E. HUDSON.
Alderman A. J. BEST, J.P.	Councillor C. J. TODD.
Councillor M. GALLAGHER.	Councillor J. WATERS.

MEDICAL AND NURSING SERVICES SPECIAL COMMITTEE

Alderman T. E. B. BATES, O.B.E., J.P. (<i>Chairman</i>).	Alderman A. J. BEST, J.P.
Alderman Dr. D. L. FISHER, D.S.O., J.P.	Alderman C. H. LEACH, M.B.E., M.A.
	Councillor H. MAW, J.P.

STAFF.

GEORGE A. DAWSON, M.D., D.P.H., Medical Officer of Health, &c.

ANDREW McFARLANE, M.D., M.R.C.P., D.P.H., Deputy Medical Officer of Health, Venereal Diseases Medical Officer, Assistant School Medical Officer.

JOHN CURRIE, D.S.O., M.R.C.S., L.R.C.P., B.Sc., District Medical Officer, Medical Officer Municipal Hospital; Public Vaccinator. (Died 12th July, 1932.)

CONSTANCE C. ROBERTSON, M.B., B.S. (part-time), Maternity and Child Welfare Officer, Inspector of Midwives.

THOS. L. WORMALD, M.D., D.P.H. (part-time), Deputy Medical Officer, Municipal Hospital; Obstetrician, General Hospital.

J. L. LIDDELL, L.D.S., School and Maternity and Child Welfare Dental Officer.

C. G. HILL, M.R.C.V.S (part-time), Veterinary Surgeon, Milk and Dairies Orders.

C. J. H. STOCK, B.Sc., F.I.C. (part-time), Public Analyst.

SANITARY INSPECTORS:—

A. E. WADE, C.R.San.I., Senior Sanitary Inspector, ; Certificate Meat Inspector; Inspector, Food and Drugs Acts, Common Lodging Houses, Shops Acts, Rag Flock, Milk and Dairies, Fertilisers and Feeding Stuffs, Farm Produce and Marks, Acts, Rat Officer.

G. LATIMER, C.R.San.I., Meat and Food Inspector's Certificate, R.S.I.

G. H. WATMOUGH, C.R.San.I., Meat and Food Inspector's Certificate, R.S.I. (resigned 31st July, 1931).

F. WARD, C.R.San.I. (resigned 17th October, 1931).

G. PENN, Cert. R.S.I. (J.B.), Meat and Food Inspector's Certificate, R.S.I.

A. W. R. TURNBULL, Cert. R.S.I. (J.B.), A.R.San.I., Meat and Food Inspector's Certificate, R.S.I. (commenced 24th August, 1930).

W. L. MONKS, Cert. R.S.I. (J.B.), A.R. San.I., Meat and Food Inspector's Certificate, R.S.I. (commenced 9th November, 1931).

HEALTH VISITORS:—

Miss K. BISHOP, C.M.B., C.R.San.I. (S.I., H.V. and S.N.),
Senior Health Visitor.

Miss J. L. BAILEY, C.M.B., S.R.N. (Fever and General),
C.R.San.I. (new H.V.) (resigned 24th October, 1931).

Miss A. M. McILWAINE, C.M.B., S.R.N.

Miss E. H. FLEETHAM, C.M.B., S.R.N., C.R.San.I. (J.B.)
(new H.V.), Student until 30th September, permanently
appointed from 1st October, 1931).

Miss H. PATTON, C.M.B., C.R.San.I. (J.B.) (new H.V.),
(commenced 9th November, 1931).

Clerical and Office Staff.—E. C. STAINSBY (Chief Clerk), Miss
F. E. GIBBON, Miss E. STEPHENSON, I. BURNLEY, Miss
D. HUTTON, E. CANHAM.

Vaccination Officer, Registrar of Births, &c.—J. O. TOMLIN.

Venereal Diseases Orderly.—T. LITTON.

Disinfector (part-time).—R. JOHNSON.

Rat Catcher (part-time).—R. BURNSIDE.

M. and C.W. Home Helps.—Miss A. BROCKHILL, also Rota of
Part-time Temporary Home Helps.

Matron, Infectious Diseases and Smallpox Hospitals.—Miss
FLORA KINNEAR, S.R.N. (General and Fever).

Superintendent Nurse, Municipal Hospital.—Miss A. MORAN,
S.R.N., C.M.B.

Mental Welfare Supervisor, &c.—Miss HOLMES, B.Litt.

Infant Protection Visitor.—Miss V. I. SMILES (part-time).

COMPARATIVE COST OF HEALTH SERVICES WITH OTHERS.

d.

General Sanitary Expenses...	...	...	...	...	2·788
Venereal Diseases ...	...	...	...	...	·752
Maternity and Child Welfare	...	...	...	...	2·120
Tuberculosis ...	...	...	...	...	3·524
Infectious Diseases Hospitals	...	...	...	...	3·664
Baths ...	...	...	...	...	·598
Housing ...	...	...	...	...	1·094
Elementary Education	...	...	...	...	32·710
Higher Education ...	...	...	...	...	13·146
Library and Museums	...	...	...	...	3·422
Parks and Recreation Grounds	...	...	...	...	6·354
Cemeteries ...	...	...	...	...	3·744
Sewage Disposal ...	...	...	...	...	9·420
Roads, Maintenance...	...	...	...	...	16·388
„ Improvements	...	...	...	...	6·742
„ Cleansing ...	...	...	...	...	4·598
„ Lighting ...	...	...	...	...	2·954
Cleansing Ashpits ...	...	...	...	...	6·630
Town Hall, Markets...	...	...	...	...	2·000
Fire Brigade ...	...	...	...	...	2·070
Welfare of Afflicted Persons	...	...	...	...	2·018
Public Assistance ...	...	...	...	...	20·786
Police ...	...	...	...	...	8·316
Administration of Justice ...	...	...	...	...	1·048
Salaries and Administration	...	...	...	...	3·220
Representation of Peoples' Act	...	...	...	...	·378
Assessment Committee ...	...	...	...	...	·280
Miscellaneous ...	...	...	...	...	5·718
					<hr/>
					166·482
Less Exchequer Grants, &c.	...	...	...	...	38·482
					<hr/>

Rate levied... 128·000

One Penny represents £1,790.

10/8

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area, 6,463 Acres.

Resident Population (1931 Census), 72,093.

Registrar General's estimate mid-1931, 72,750.

Inhabited Houses (end of 1931)—

Dwelling-houses	...	...	...	17,244
Dwelling-houses and Shops	...	...	...	777
Tenements	...	...	...	435
Hotels and Public Houses	...	...	...	69
				<hr/>
				18,525

Rateable Value, £458,211.

Sum represented by a Penny Rate, £1,790.

General Rate, 10/8 in the £; April, 1932, 9/2.

Differential rating for added area since 1st October, 1930:

Haughton, 1/4; Blackwell, 5d.; Whessoe, 1/-.

The town is pleasantly situated, close to the River Tees, ranging from 120 to 240 feet above sea-level. Protected on all sides by high ground the climate is mild, conducing to a profusion of vegetation, which is demonstrated to advantage in the open spaces and parks of which there is ample provision in all parts to the extent of 240 acres. While it is the natural hub of the railways and a marketing centre of a rich agricultural area, of South Durham and North Riding, its inhabitants are principally occupied in highly skilled trades connected with railway engineering, bridge building, heavy forge castings, wool spinning, and more recently the chemical industry at Billingham and Cockerton. Trade depression has unfortunately led to the inevitable period of unemployment in which the town finds itself at present, and at the end of the year, out of a total of 28,100 insured persons 6,264 were unemployed as shown by the live register of the Exchange: men 5,507, boys 186, women 344, girls 227.

Poor Law Relief.—The number of persons in receipt of relief on the 1st January, 1932, was 246 in Institutions, 536 widows, sick and disabled persons, and 211 unemployed, total, 993, compared with 874 last year, and 2,937 in 1924, which was the highest during the past ten years.

Influence on Health.—The town prides itself in its reputation for cleanliness, wide well-paved streets, and highly skilled artizan population. The health statistics have characteristics usually associated with residential southern towns

rather than the Industrial north. It does not appear that any particular occupation is exercising its influence in lowering the public health.

Vital Statistics (corrected for transfers). Tables on pages 84—88:—

Live Births—

		Total	M.	F.	
Legitimate	...	1,054	558	496	} B.R. per 1,000 population, 15.3.
Illegitimate	...	62	35	27	
Still-Births	...	73	38	35	Rate per 1,000 total births, 61.4.
Deaths	...	909	453	456	D.R. per 1,000 population, 12.5.

Deaths from diseases and accidents of pregnancy and child-birth, from sepsis, 4; other causes, 7.

Death rate of Infants under one year:—

All Infants per 1,000 live births	...	...	73
Legitimate Infants per 1,000 legitimate live births	...	...	70
Illegitimate Infants per 1,000 illegitimate live births	...	...	129
Deaths from Measles (all ages)	...	...	4
„ Whooping Cough (all ages)	...	...	8
„ Diarrhoea (under 2 years)	...	...	5

These figures approximate closely to the figures for England and Wales as a whole.

Influenza and pulmonary diseases during the first quarter of the year swelled our death rate to 18.0 per 1,000, and the infantile mortality to 131, so that there was a loss in population which the birth rate of 16.1 did not counter-balance. The low figures, however, of the other three quarters averaged the totals considerably to the usual annual level. Heart disease (168), cerebral hæmorrhage (56), and other allied circulatory diseases (48), the outcome of infection early in life, and undue strain in later life, again occupy the first place, pneumonia and bronchitis, (101), come next, then tuberculosis (pulmonary 78, non-pulmonary 15), and cancer (83).

The deaths at different age-groups show, as one would expect from our falling birth rate and public health work, marked increase relatively in the “65 years and over” section. The birth rate, 15.3, which is the lowest on record, and displaces the 1928 figure of 15.9, means that eventually the death rate must rise, as the proportion of population in the waning years of life grows relatively.

CORONER'S INQUESTS AND UNCERTIFIED DEATHS.

There were twenty-two inquests on Darlington residents dying in the borough, 9 outside, and 23 on deaths transferable out of Darlington. Uncertified deaths, that is to say, deaths not certified by a medical practitioner, but in which the coroner was satisfied that no further need for investigation existed, numbered 33, of which six were of children under one year of age. Unfortunately, the indefinite nature of the stated cause of these deaths leads to difficulty in classification, and one would welcome a detailed post-mortem inquiry with a Coroner's Certificate in such circumstances in order to ensure greater accuracy.

Seven deaths were suicidal (six men, one woman), while 16 were due to street accidents and other violence, a considerable decrease compared with the total of 36 last year, and the figures for England and Wales.

DEATHS IN INSTITUTIONS.

				Residents.	Others.	Total.
Municipal Hospital	...	...	...	80	6	86
General Hospital	...	...	...	63	55	118
Borough Hospital...	...	...	...	15	8	23
Nursing Homes	...	...	...	7	11	18
			Totals	165	80	245
In other Institutions	...	...	...	43	—	43
Proportion in Institutions	...	...	...	...	...	23%

Comparative Table of Vital Statistics, 1920-1931.

		Birth-Rate.		Death-Rate.		Infant Mortality.	
Year.	Estimated Population.	Darlington.	England & Wales.	Darlington.	England & Wales.	Darlington.	England & Wales.
1920	66,610	25·8	25·4	12·4	12·4	92	80
1921	66,400	23·9	22·4	12·3	12·1	98	83
1922	66,710	22·6	20·6	14·1	12·9	98	77
1923	67,390	21·5	19·7	11·9	11·6	67	69
1924	68,690	20·2	18·8	12·7	12·2	94	75
1925	69,130	18·6	18·3	12·7	12·2	106	75
1926	70,700	17·9	17·8	11·9	11·6	91	70
1927	71,430	16·1	16·7	11·6	12·3	67	69
1928	71,560	15·9	16·7	10·4	11·7	59	65
1929	71,790	16·8	16·3	13·1	13·4	81	74
1930	72,380	16·8	16·3	11·5	11·4	76	60
1931	72,750	15·3	15·8	12·5	12·3	73	66

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

The Medical Officer of Health is also School Medical Officer, and Medical Officer to the Public Assistance Committee, so that co-ordination is attained in administration of the different branches. Moreover by inter-weaving of the Maternity and Child Welfare service with Nursery Schools and Classes, the School Medical Service, the Open-air Schools, the Tuberculosis and the Venereal Diseases Clinics, much more efficient treatment is ensured for the patients by easy inter-consultation of staff. The School Dental Officer also acts for the Maternity, Nursery and Public Assistance work of the appropriate Committees. The absence of adequate satisfactory institutional accommodation for tuberculous patients in the borough, and the fact that we are dependent on County Durham for this accommodation and for dispensary services, are matters requiring consideration and action in the interest of ultimate economy and efficiency in our co-ordinated scheme. It would entail an additional Medical Officer and Health Visitor on our staff, and modern Hospital buildings to satisfy the Ministry of Health.

MEDICAL EXAMINATION OF CORPORATION EMPLOYEES.

Medical examinations of members of the staff and of applicants for posts in the following Corporation Departments made during the year by the Medical Officer of Health show a marked increase, due to the general expansion of municipal activities and superannuation:—

Education Department	...	...	...	14
Tramways and Transport Department	...	...	...	10
Gas Works Department	...	...	...	8
Health Department	...	...	...	8
Borough Accountant's Department	...	...	...	6
Borough Fever Hospital	...	...	...	3
Electricity Department	...	...	...	3
Borough Surveyor's Department	...	...	...	2
Markets Department	...	...	...	2
Town Clerk's Department	...	...	...	1
Water Department	...	...	...	1
Total				58

LOCAL GOVERNMENT ACT, 1929.

No declarations were made by the Council, so that the Public Assistance Committee is continuing the duties of the Poor Law with the exception of vaccination and the functions under Part I. of the Children Act, 1908, which were transferred to the Health Committee. The transferred Poor Law Institution, now the Municipal Hospital, continues to be used as before for casuals, feeble infirm, mental deficient, insane, sick adults and children, under the administration of the Public Assistance Sub-Committee. Structural improvements have been postponed pending the development of the Voluntary Hospital Scheme now reaching fruition in the opening of the new Memorial Hospital for adults and children (200 beds) this year. Consultations with representatives of the Committee of the General Hospital have been held during the year regarding future policy and the fulfilment of the Local Government Act provisions.

POOR LAW MEDICAL OUT-RELIEF.

The late Dr. J. Currie, D.S.O., transferred Poor Law Medical Officer, was a full-time official acting as Medical Officer to the Institution, Out-door Medical Officer, and Public Vaccinator to the County Borough, and a small contiguous area of Darlington Rural District, by arrangement. A morning session is held at the Local Public Assistance Office for cases referred by the Relieving Officers or others. Admission to the Municipal Hospital is practically limited to cases of destitution from the district.

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

Prudhoe Colony, under a Joint Management Committee appointed by neighbouring Authorities, Sunderland, Gateshead, Tynemouth, West Hartlepool, Middlesbrough and Darlington, provides us with our share of about 30 beds for educable cases. Extensions are being carried out for the accommodation of low grade cases. Eight of these can be temporarily kept at our Municipal Hospital.

A Local Voluntary Committee of the Mental Welfare Association (Secretary, Miss L. I. Holmes, B.Litt.) undertakes the supervision and organisation of the Occupation Centres for low grade and such suitable cases at the Friends' Meeting House, the Municipal Hospital and the Hope Wilson Institute.

Particulars of Mental Defectives as on 1st January, 1932:—

(A.) "Subject to be dealt with" by the Local Authority.

(B.) Who may become "subject to be dealt with" by the Local Authority.

A.—NUMBER OF CASES "SUBJECT TO BE DEALT WITH":—

		M.	F.	T.
1. Under " Order " :—				
(a) (1) In Institutions (excl. cases on Licence) ...	{ Under 16 years of age ...	2	1	3
	{ Aged 16 years and over ...	14	13	27
(2) On Licence from Institutions ...	{ Under 16 years of age ...	1	—	1
	{ Aged 16 years and over ...	—	2	2
(b) (1) Under Guardianship (excl. cases on Licence) ...	{ Under 16 years of age ...	—	—	—
	{ Aged 16 years and over ...	—	2	2
(2) On Licence from Guardianship ...	{ Under 16 years of age ...	—	—	—
	{ Aged 16 years and over ...	—	—	—
2. In " places of safety " ...	{ Under 16 years of age ...	—	—	—
	{ Aged 16 years and over ...	—	1	1
3. Under Statutory Supervision ...		15	18	33
Of whom :—				
(a) Attending Occupation Centres ...		2	8	10
(b) Awaiting removal to an Institution ...		—	—	—
4. Action not yet taken under any one of the above headings :—				
(a) Notified by Local Education Authorities (Sec. 2 (2))...		1	2	3
(b) Mental Defectives in receipt of Poor Relief :—				
(1) Institutional—				
(a) In Public Assistance Institutions not approved under Sec. 37 ...		—	—	—
(b) In Institutions certified under the M.D. Acts (including those approved under Sec. 37) ...	{ (1) Cases " placed " under Sec. 3 ...	—	—	—
	{ (2) Other cases ...	—	3	3
(2) Domiciliary ...		22	21	43
(c) Otherwise " ascertained " ...		—	—	—

B.—NUMBER OF CASES WHO MAY BECOME "SUBJECT TO BE DEALT WITH":—

1. In Institutions or under Guardianship—dealt with under Sec. 3:—														
(a) In regard to whom the Local Authority contributes under its permissive powers					...	...	...	—	—	—	
(b) Maintained wholly by parents, relatives or others...					—	—	—	—	—	—				
2. Reported to the Local Authority from any reliable source, but as to whom no action has been taken										—	—	—
3. Under Voluntary Supervision					...	...	...	...	...	72	65	137
Of whom, attending Occupation Centres					...	...	...	7	10	17		

During the Year 1931.

1. (a) Number of instances in which Licence was granted during 1931:—						M.	F.	T.
(1) From Institutions						2	—	2
(2) From Guardianship						—	—	—
(b) Number of instances in which cases on Licence have been returned to Institutions or transferred to Guardianship during the year 1931:—								
(1) To Institutions						1	—	1
(2) To Guardianship... ..						—	—	—
2. Cases notified by Local Education Authorities (Section 2 (2)) during the year 1931:—								
Method of disposal—								
Sent to Institutions (by Order)						—	—	—
Placed under Guardianship (by Order)						—	—	—
Placed under Statutory Supervision						3	6	9
Placed in "Places of Safety"						—	—	—
Died or Removed from Area						—	—	—
Action not yet taken						(a) In receipt of Poor Relief		
						1 — 1		
						(b) Others		
						— 2 2		
Total						4	8	12
3. Of the total number of mental defectives known to the Local Authority:—								
(a) Number who have given birth to children during 1931—								
(1) After marriage, 1.								
(2) While unmarried, 0.								
(b) Number who have married during 1931						Male.	Female.	
						1	1	

BLIND PERSONS.

Registered and classified by age as at the 31st March, 1932:—

0-5	5-16	16-21	21-30	30-40	40-50	50-60	60-70	70	Total.
0	1	4	8	5	9	19	27	28	101

Age at which blindness occurred:—

0-1	1-5	5-10	10-20	20-30	30-40	40-50	50-60	60-70	70
12	5	3	8	4	4	11	18	23	13

At the age of 16 and upwards three are employed in workshops, five as home workers and eight in other ways, one is undergoing training, two are trained but unemployed, while 81 are unemployable. Five are physically defective, three deaf, one being doubly afflicted.

Grants are made to the unemployable blind, and to the partially employed according to their individual means.

In March, 1932, the work of the Voluntary Blind Society in respect of the statutory powers was transferred to the Welfare of Afflicted Persons Committee of the Council. Every case must

be certified now by an Ophthalmic Surgeon before admission to the Register is granted. Approximately thirty cases were removed from the Register last year by decertification.

PREVENTION OF BLINDNESS.

It was not necessary to take any action under Section 66 of the Public Health Act, 1925, during the year, as the voluntary agencies in the town were available for all necessitous cases.

NURSING IN THE HOME.

The Darlington Queen's Nurses' Association, under a local Superintendent Nurse, provides the home nursing staff of nine nurses for attendances on maternity, medical, surgical and infectious cases by arrangement with the Health Committee at 1/4 per visit. A summary of the work done for the Local Authority is given in the following table:—

Expectant Mothers	...	...	...	419 visits.
Puerperal Infection	...	...	...	317 „
Ophthalmia Neonatorum	...	...	...	82 „
Post-Natal Cases	...	...	...	110 „
Total cost, £61 9s. 4d.				

MIDWIVES.

Twenty-nine midwives notified their intention to practise within the Borough. None are employed or subsidised directly by the Council except those in the Municipal Hospital Maternity Department.

CENTRAL MIDWIVES' BOARD.

Occasion arose for disciplinary action against one of the oldest midwives during the year. She had attended a case of medical sepsis while at the same time doing maternity work. Being satisfied that a prima facie case existed, the Council, as the Supervising Authority, reported the matter to the Central Midwives' Board, who, after hearing evidences from your Medical Officer of Health, the relatives of the deceased persons, and the records, found the charges proved, ordered two months' post-graduate instruction at the Princess Mary Maternity Hospital, Newcastle-upon-Tyne, and gave a serious warning that rules must be strictly observed. There has been a decided improvement in the midwifery discipline since.

A monthly meeting of the practising midwives is held at the Queen's Nurses' Home, so that matters of doubt and difficulty may be discussed with the Supervisor of Midwives, Dr. Constance Robertson, who is also Maternity and Child Welfare and Ante-Natal Officer, and with the Medical Officer of Health.

LIST OF MIDWIVES PRACTISING IN THE COUNTY BOROUGH OF DARLINGTON.

No. on Roll.	Date of Enrolment.	Name.	Address.
38129	16 June, 1913 ...	Bush, Beatrice ...	The Byway, Yarm Road.
72015	24 November, 1931	Cockroft, Florence R. ...	Municipal Hospital.
78134	24 May, 1930 ...	Danby, Eva ...	Queen's Nurses' Association, Woodland Road.
67217	10 October, 1925...	Dent, Helen ...	Queen's Nurses' Association, Woodland Road.
79469	22 November, 1930	Dobson, Mabel L. ...	General Hospital.
43728	22 February, 1916	Gait, Sarah Ann ...	12, Thornton Street.
19855	27 April, 1905 ...	Geall, Florence Annie Adelaide	The Green, Cockerton.
67753	12 December, 1925	Goodfellow, Violet Jane	32, Leyburn Road.
55344	11 October, 1921...	Hancock, Ellen ...	29, Stanley Terrace.
46105	11 August, 1917 ...	Hoskins, Sarah ...	12, Hammer Street.
58912	13 December, 1922	Jenkin, Jane ...	40, Willow Road.
57442	10 June, 1922 ...	Johnson, Bertha ...	Municipal Hospital.
60455	11 June, 1923 ...	Kirby, Ethel Mary ...	116, Neasham Road.
74639	24 November, 1928	Lafferty, Greta ...	Queen's Nurses' Association, Woodland Road.
79701	22 November, 1930	Loweock, Sarah Elizabeth	Queen's Nurses' Association, Woodland Road.
66938	15 August, 1925 ...	Moran, Annie ...	Municipal Hospital.
45456	15 April, 1917 ...	Moran, Mary Agnes ...	Municipal Hospital.
64585	11 October, 1924...	Redhead, Isabel ...	295, North Road.
80627	3 March, 1921 ...	Richmond, Elsie E. ...	General Hospital.
60541	10 December, 1924	Rowell, Eva Trevor ...	Sister-in-Charge, Maternity Ward, General Hospital.
63631	14 June, 1924 ...	Slater, Ellen ...	13, Hopetown Lane.
65529	9 February, 1925...	Smith, Annie ...	87, Gurney Street.
17902	23 March, 1905 ...	Trinham, Louisa ...	Superintendent, Queen's Nurses' Association, Woodland Road.
66611	13 June, 1925 ...	Walker, Amy ...	Municipal Hospital.
72477	24 November, 1927	Walker, Jeannie ...	Municipal Hospital.
79286	17 November, 1930	Walton, Isabella ...	General Hospital.
78589	13 June, 1930 ...	Warnes, Lena May ...	Queen's Nurses' Association, Woodland Road.
65116	19 February, 1925	Watson, Ellen ...	22, Four Riggs.

Midwives calls to Doctors.

Summary of the causes for sending for Medical help.

	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931
Mother:—										
laceration of Perineum	8	16	19	20	18	32	15	33	27	31
prolonged, Tedious or Difficult Labour	23	30	31	24	18	24	32	35	32	42
Faulty Presentations	—	—	—	—	7	10	7	5	9	13
Constrictions	—	—	—	—	4	3	1	—	—	—
Haemorrhages	2	1	8	4	4	10	17	10	11	8
Disturbance of Temperature	6	2	4	11	7	4	7	5	4	10
Detached Placenta	5	8	4	8	8	1	5	4	5	—
Albuminuria	—	—	1	—	1	6	2	3	5	6
Gonorrhoea	—	—	—	—	1	1	2	—	—	—
Abortion	—	—	3	5	8	5	14	3	10	11
Narrow Pelvis	—	—	—	—	2	2	—	—	—	—
Eclampsia	—	1	—	—	3	—	—	—	1	2
Protrusion of Cord	—	—	—	—	2	—	1	1	—	—
Miscellaneous	2	1	9	5	11	10	12	8	17	14
Total ...	46	59	79	77	94	108	115	107	121	137
Child:—										
Swelling of Eyes	10	5	5	6	8	13	8	8	6	5
Weakness, Feebleness, etc.	4	2	3	6	2	1	5	4	5	5
Immaturity	13	13	3	5	5	10	4	2	7	9
Malformations	3	2	4	4	1	1	2	8	7	4
Convulsions and Fits	2	2	3	5	—	4	2	3	7	2
Asphyxia	—	—	—	1	—	2	1	—	1	1
Miscellaneous	1	—	4	1	12	5	8	6	11	2
Still-Births	—	—	—	—	—	—	—	—	—	17
Total ...	33	24	22	28	28	36	30	31	44	45

*Still-Births included in Miscellaneous in previous years.

The following Table shows how the charges for the above cases had been dealt with at the conclusion of each year:—

	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931
Amount received	43	39	45	47	43	40	43	40	52	42
Amount received	36	44	56	58	79	104	102	98	113	140
Full Fee paid or charged	30	35	46	28	47	79	58	62	58	80
Part Fee charged	6	8	6	16	24	21	37	32	44	40
Part Fee remitted and part charged	—	1	4	14	8	4	7	4	11	20
Amount paid to Doctors	£57	£69	£58	£73	£121	£143	£160	£145	£158	£208
Amount recovered from Patients	£31	£48	£47	£38	£76	£105	£78	£82	£64	£85
Net cost to Council	£26	£21	£11	£35	£45	£38	£82	£63	£94	£123

LABORATORY FACILITIES.

The arrangement remains as before, whereby chemical analysis in the main is carried out by Mr. C. J. H. Stock, F.I.C., Darlington, and bacteriological investigations in our own Health Department, and at Armstrong College, Newcastle-upon-Tyne.

Armstrong College.

				Specimens.	Positive.	Negative.
Tuberculosis	...	...	...	312	48	264
Diphtheria	...	...	...	107	9	98
Enteric Fever	...	...	...	9	3	6
Wassermann Tests	...	...	...	424	—	—
Fixation Tests	...	...	...	19	—	—

General Hospital.

Spirochetes	...	...	...	18	—	—
Gonococci	...	...	...	602	—	—

Analysis of clinical material and the necessary special examinations are carried out at the Clinics and Hospitals.

LEGISLATION INTRODUCED DURING 1931.

(a) Hairdressers' and Barbers' Shops (Sunday Closing) Act, 1930, came into force 1st January, 1931.

(b) An Order fixing Wednesday as early closing day for Men's Tailoring, Clothing and Outfitting Shops.

(c) Byelaws under the Housing Act, 1925, with respect to Houses intended or used for occupation by the working classes and let in lodgings or occupied by members of more than one family, for fixing the number of persons, for registration, for promoting cleanliness, lighting, ventilation, sanitary conveniences, food storage accommodation, and safety.

(d) Byelaws controlling the conduct of the Municipal Slaughterhouse, which was opened in November.

HOSPITAL SERVICES.

Darlington General Hospital.—119 beds. Medical, Surgical, Children, Maternity, Ear, Nose and Throat, Eye Departments. This Hospital caters for the needs of Darlington and the surrounding district as far west as Hawes in Wensleydale, for a total population of about 100,000. It is managed by a Voluntary Committee. The Staff consists of nine Honorary Surgeons, two Honorary Physicians, four Honorary Anæsthetists and two House Surgeons. The average number of beds occupied is 100, total in-patients 2,500, and out-patients 9,300. The work is mainly surgical.

More adequate provision is nearing completion at the neighbouring Memorial Hospital (200 beds), which it is hoped will be opened shortly to meet the increasing demands for more medical beds for the investigation of obscure conditions requiring expert laboratory help, and other modern medical assistance.

Municipal Hospital.—This Poor Law Hospital, under the Public Assistance Sub-Committee, has a resident Medical Officer, who also acts as District Medical Officer and Public Vaccinator. The proper Hospital Section, with 153 beds, is overcrowded and not quite in keeping with modern Hospital standards. It is not proposed to make any immediate improvement pending the new Memorial Hospital Scheme mentioned above. A joint meeting of the two Hospital Committees has been held under Section 13 of the Local Government Act to consider future plans of co-operation in order to avoid unnecessary duplication of similar services.

When the new Memorial Hospital is opened, accommodation will be adequate for the needs of Darlington and district, and it is hoped that co-operation will be established between the Local Authority and the Hospital Committee so that the best use may be made of all the Institutions without overlapping or duplication of any of the services. Darlington is too small for two General Hospitals to have finances and professional work divided between them.

Borough Isolation Hospital for Infectious Diseases.—105 beds. During the year an extension of the work took place by admitting advanced female cases of pulmonary tuberculosis into one of the Ward Blocks usually set apart for typhoid cases. In December the eight beds were fully occupied and achieved a very useful purpose in isolating cases from overcrowded homes.

The practice of former years in admitting all types of serious infectious diseases to the exclusion of mild cases of scarlet fever was continued and extended.

Borough Smallpox Hospital.—This building of 24 beds, according to Ministry standards, is an annexe of the Infectious Diseases Hospital, and was vacant the whole of the year.

Patients from Catterick Camp and nine surrounding Local Authorities are admitted under contracting agreements as described in last year's Report.

Municipal Hospital.

Classification of Wards.	Num- ber of Wards.	BEDS							
		MEN		WOMEN		CHILDREN (under 16 years of age)		Total	
		Pro- vided	Occu- pied	Pro- vided	Occu- pied	Pro- vided	Occu- pied	Pro- vided	
*1. Medical ...	6	46	37	34	34	—	—	80	
*2. Surgical									...
*3. Chronic Sick									...
4. Children ...	3	—	—	—	—	20	15	20	
5. Venereal ...	—	—	—	—	—	—	—	—	
6. Tuberculosis ...	2	9	4	9	3	4	2	22	
7. Isolation ...	3	8	—	4	4	—	—	12	
8. Maternity ...	1	—	—	10	3	—	—	10	
9. Mental ...	2	—	—	—	—	—	—	—	
(a) Lunacy Act, 1890...	—	5	0	4	0	—	—	9	
(b) Mental Treatment Act, 1930 ...	—	—	—	—	—	—	—	—	
*10. Mental Defectives ...	—	—	*2	—	*3	—	—	—	
11. Other ...	—	—	—	—	—	—	—	—	
Total ...	17	68	41	61	44	24	17	153	

*In General Medical and Surgical Ward.

Statistics relating to the Year ended 31st December, 1931.
In-Patients.

1. Total number of admissions (including infants born in Hospital)...	51
2. Number of women confined in Hospital ...	16
3. Number of live births ...	17
4. Number of Still-Births ...	1
5. Number of deaths among the newly-born (<i>i.e.</i> , under four weeks of age) ...	0
6. Total number of deaths among children under one year (in- cluding those given under 5) ...	4
7. Number of Maternal deaths among women confined in Hospital...	0
8. Total number of deaths ...	82
9. Total number of discharges (including infants born in Hospital)...	439
10. Duration of stay of Patients included in 8 and 9 above. Number of cases whose total stay was for the following periods :—	
(a) Four weeks or less ...	...
(b) Exceeding four weeks but under thirteen weeks ...	...
(c) Exceeding thirteen weeks ...	...
11. Number of Beds occupied :—	
(a) Average during the year ...	100
(b) Highest (on 14th February, 1931) ...	120
(c) Lowest (on 24th October, 1931) ...	81
12. Number of surgical operations under general anæsthetic (ex- cluding dental operations) ...	0
13. Number of abdominal sections ...	0

Classification of In-Patients who were discharged from or who died in the Institution during the Year ended 31st December, 1931.

DISEASE GROUPS				Children (under 16 years of age).		Men and Women,	
				Dis- charged	Died	Dis- charged	Died
Acute Infectious Disease	...	...	...	18	2	4	2
Influenza	...	...	...	—	—	26	—
Tuberculosis—							
Pulmonary	...	...	...	—	—	16	12
Non-Pulmonary	...	...	...	4	—	—	1
Malignant Disease	...	...	...	—	—	1	4
Rheumatism—							
(1) Acute Rheumatism (Rheumatic Fever) together with sub-acute Rheumatism and Chorea	...	...	...	2	—	3	—
(2) Non-articular manifestations of so- called "Rheumatism" (Muscular Rheumatism, Fibrositis, Lumbago and Sciatica)	...	...	...	—	—	3	—
(3) Chronic Arthritis	...	...	...	—	—	4	—
Venereal Disease	...	...	...	3	2	3	—
Puerperal Pyrexia	...	...	...	—	—	1	—
Puerperal Fever	{ (a) Women confined in the Hospital			—	—	—	—
	{ (b) Admitted from out- side			—	—	—	—
Other Diseases and Accidents connected with Pregnancy and Child-Birth	...	...	...	—	—	—	—
Mental Diseases	{ (a) Senile Dementia			—	—	—	—
	{ (b) Other			—	—	27	—
Senile Decay	...	...	...	—	—	—	32
Accidental Injury and Violence	...	...	...	—	—	1	1

In respect of Cases not included above.

Disease of the Nervous System and Sense							
Organs	...	...	...	2	—	35	1
Respiratory System	...	...	...	20	—	36	5
Circulatory	...	...	...	—	—	42	17
Digestive	...	...	...	2	1	17	1
Genito-Urinary	...	...	...	—	—	5	—
Skin	...	...	...	50	—	25	—
Other Diseases	...	...	...	15	—	37	—
Mothers and Infants discharged from Maternity Wards and not included in above figures				Mothers	—	18	—
				Infants	19	—	—
Totals				... 135	5	304	76

SUMMARY OF BEDS AVAILABLE.

				Men.	Women.	Total.
General, Medical and Surgical	}	Municipal Hospital ...	...	16	14	30
		General (Voluntary) Hospital...	...	50	34	84
Children	...	Municipal Hospital ...	...	—	—	24
		General (Voluntary) Hospital...	...	—	—	24
Maternity	...	Ward at General Hospital ...	...	—	12	12
		Municipal Hospital ...	...	—	10	10
Venereal Disease	...	General (Voluntary) Hospital...	...	1	1	2
Tuberculosis	...	Municipal Hospital ...	...	9	9	18
		Durham County Council	...	15	15	30
Chronic Sick	...	Municipal Hospital ...	...	30	20	50
Mental	...	Durham County Council, Sedge-				
		field Mental Hospital	...	70	70	140
		Municipal Hospital	...	5	4	9
Mental Deficiency	...	Prudhoe Hall Colony	...	15	15	30
		Municipal Hospital	...	2	3	5
Orthopædic, Eye, Ear, Nose and Throat, &c....		General (Voluntary) Hospital...		Included in above.		
Puerperal Fever, &c.	...	Fever Hospital	...	—	2	2

No special departments exist at the Municipal Hospital, but use is made of the accommodation at the General Hospital, where there are X-Ray, Ultra-Violet, Dental, Ophthalmic, and Massage facilities.

Pathological work is done mainly at the Armstrong College Laboratory and by private arrangement.

HEALTH INSURANCE.

The total number of insured persons on 23 Doctors' lists is 27,014, the prescriptions issued 91,523, and the total cost of the drugs £3,173. The general medical practitioner is the first line of defence of our public health system, and the National Health Insurance Scheme guarantees to every insured person the attention of a doctor without financial embarrassment, so that there is no reason why the essential early treatment should not be at once applied and so check the incapacitating defects in later life. One appreciates the importance of this in the matter of chronic rheumatism, which is so often due to untreated earlier infections in the mouth and throat. The sooner it is realised by both doctors and public that the scheme was introduced as a public health insurance rather than a sickness benefit fund, the sooner will true national health be attained.

MATERNITY AND NURSING HOMES.

There are five Registered Homes in the town carrying on the work as in the past few years under the supervision of the Medical Officer of Health:—

1. Coniscliffe Nursing Home, Miss M. Potter... 18 beds.
2. Cleveland Nursing Home, Miss B. Miller ... 6 „
3. Argyll Nursing Home, Mrs. Yates ... 7 „
4. Miss J. Jenkins, 40, Willow Road ... 2 „
5. Mrs. S. A. Gait, 12, Thornton Street ... 1 „

Exemption from registration was granted in the case of the Darlington General Hospital, as it is a charitable institution. No change took place in any registrations during the year, but it was found necessary to issue and follow up a warning in connection with infectious disease arising in one case.

INSTITUTIONAL MATERNITY WORK.

	General Hospital.	Municipal Hospital.
Beds ...	10	10
Cases admitted ...	201	16
Average duration of stay ...	13·4 days	14 days
Cases delivered by—		
(a) Midwives ...	171	16
(b) Doctors ...	30	0
Medical assistance sought ...	46	5
Cases of Puerperal Fever ...	0	0
Cases of Puerperal Pyrexia ...	7	2
Pemphigus ...	0	0
Infants not breast fed ...	5	0
Ophthalmia Neonatorum ...	0	1
Maternal Deaths ...	2	0
Fœtal Deaths—		
Still-born ...	21	1
Within 10 days ...	9	0

Owing to an outbreak of influenza in the Maternity Ward of the General Hospital in March, it was found expedient to close the Ward for 4 weeks. The cases of pyrexia all recovered.

The two maternal deaths were caused by eclampsia and suppression of urine from difficult labour. The still-born children suffered from prematurity, congenital deformity, and maternal toxæmia mainly.

UNMARRIED WOMEN, ILLEGITIMATE AND HOMELESS CHILDREN.

The only institutions to receive pregnant unmarried women for delivery are the Municipal Hospital and the Maternity Ward, General Hospital. Fallen girls have been received for a time at St. Agnes' Home, Duke Street, a Diocesan Rescue Home (6 beds), but they are later sent to Hospital for confinement. Lack of financial support has hit this deserving Home hard, but the Mayor of Darlington is at present striving to keep the work going on by inviting public assistance in the re-organisation. At the moment of writing a new Matron has been appointed to act under a re-constituted Committee.

AMBULANCE FACILITIES.

(a) **Infectious Cases.**—Morris Commercial Special Motor Fever Ambulance with separate compartment for infected bedding, fitted with two stretchers and sitting accommodation for two patients.

(b) **Non-Infectious, Accident and Maternity Cases.**—Three Motor Ambulances manned by the Fire Brigade staff, available for Borough and calls within 15 miles.

CLINICS AND TREATMENT CENTRES. SUMMARY.

Medical Officer of Health, Health Office, Feethams, Darlington.

Municipal Maternity and Child Welfare Centres.—Mothers and children under 5:—

Hopetown Hall, Whessoc

Lane

Monday ... 2-0 p.m.

Albert Road Schoolhouse

Tuesday ... 10 a.m. and
2-0 p.m.

East Road Wesleyan

Sunday School ...

Wednesday ... 2-0 p.m.

Paradise Sunday School,

Coniscliffe Road

Thursday ... 10-30 a.m. and
2-0 p.m.

Cockerton Wesleyan Sun-

day School

Friday ... 2-0 p.m.

Haughton-le-Skerne

Church Hall (Opened

4th December, 1931).

Friday ... 2-0 p.m.

Expectant Mothers'

Clinic, Albert Road

Schoolhouse

Thursday ... 1-30 p.m.

Dental Clinic for Mothers

and Children

By arrangement through
Centres, Saturday, 10 a.m.

A Lady Doctor and Health Visitor in attendance.

Voluntary Clinics.

Ante-Natal Clinic, Queen's Nurses' Home, by arrangement.
General Hospital. Wednesday, 12-3 p.m.

Municipal Maternity Ward, Darlington General Hospital.—12 beds.

Home Nursing.—Darlington Queen's Nurses' Association, Woodland Road, and Certified Midwives.

Venereal Diseases.—Skin Department, Darlington General Hospital:—

Women and Children ...	Monday.	Tuesday,	2—4	p.m.
		Friday		
Men	Tuesday.	Friday	5-30—7	p.m.

Tuberculosis Dispensary.—Health Office, Feethams, Darlington:—

Women and Children ...	Friday	...	...	At 9-30 a.m.
Men	Monday	...	...	At 9-30 a.m.

Tuberculosis Care Committee—Hon. Secretary, Dr. G. A. Dawson, Health Office, Feethams.

School Medical Services.—Inspection in Schools and at School Clinic, 156, Northgate, where Doctor and Nurse are in attendance. Minor ailments, Eye, Dental and Sunlight Clinic.

Special Schools.—George Dent Nursery School 120 places; Barnard Special School (M.D.) 80 places; Open-Air School 120 places.

Infectious Diseases Hospitals.—Hundens Lane. 130 beds.

Mental Deficiency.—Occupational Training Centres: Supervisor, Miss L. I. Holmes, B.Litt., Education Office.

Public Assistance.—Out-patient Clinic and Vaccination Centres, Public Assistance Offices, East Street, at 10 a.m. daily.

Municipal Hospital, 90, Yarm Road.—150 beds for all types of disease.

Infant Life Protection.—Miss V. I. Smiles, Public Assistance Offices, East Street.

MATERNAL MORTALITY.

It is regrettable that our maternal death rate has remained higher than that for the country as a whole for another year. The outbreak of influenza had some influence on the incidence of pulmonary and septic complications likely to ensue on such an event as child-birth.

Four deaths were due to sepsis, four to toxæmia, one to abortion and jaundice, and two to causes not directly related to the pregnant condition. Six were first confinements, and all but one of these had received ante-natal care from the family attendant and midwife over a prolonged period. Three cases had definitely refused to observe the precautions recommended in order to obviate serious results of the toxæmia with which they were threatened. Five died at home, five in the General Hospital, and one, an illegitimate case who had not had an ante-natal examination, in the Fever Hospital.

It is singular that with a comparatively low general death rate, our maternal mortality should be so high, especially since the introduction of all our detailed ante-natal work and investigations. One is driven to conclude that many deaths previously escaped recognition of their association with pregnancy and child-birth.

Puerperal Fever.—Of the eleven cases of Puerperal Fever notified six were admitted to the Fever Hospital. Three deaths occurred at home, and one in the Fever Hospital. The influenza outbreak, streptococcal in type, coincided with the period of greatest incidence.

Puerperal Pyrexia.—Fourteen cases were notified. All recovered under home nursing or in the Maternity Ward in which they had occurred.

In the light of Circular 1167 and Memorandum 156/M.C.W. our facilities for maternity and child welfare were overhauled in order to improve, if possible, the work among expectant mothers. Sterilised maternity outfits, home helps, additional beds and nourishment were already being provided and used extensively, but there was unwillingness among some mothers to avail themselves of medical examinations, either on their own medical attendant's advice or at the Municipal or Hospital Clinic. An additional Health Visitor was appointed, and this facilitated home visiting and more personal enquiries in connection with still-birth and puerperal pyrexia.

Midwives have been encouraged to summon medical help at all ante-natal examinations, and it is creditable to report that the maternal deaths did not arise from any very serious misconduct by any midwife except in one instance, which was referred to the Central Midwives' Board.

Ante-natal facilities were improved at the General Hospital, so that the attendance of Dr. Wormald, Obstetrician to the maternity department, was available at the out-patient clinic one afternoon per week for the examination of difficult cases. Previously the work had been carried out mainly by the Midwife Sister in charge of the Ward.

MATERNITY AND CHILD WELFARE.

The Clinical side of the work has been continued as in previous years by Dr. Constance Robertson in a most capable manner. Though a part-time general practitioner in the service, her skill and enthusiasm are given wholeheartedly as Medical Officer at the Clinics and as Inspector of Midwives with excellent results as our figures show in reduction of infantile mortality, and in increased appreciation of the mothers as revealed by attendances.

Midwives' Acts, 1902-1918.—The 20 District Midwives are inspected periodically by Dr. Constance Robertson, who made 252 visits; of these 186 were routine visits, 2 were on account of cases of Ophthalmia Neonatorum, 47 for the death of the child, 5 for death of mother, 9 for Puerperal Pyrexia, and 3 for other reasons. There were no deaths of mothers in any Midwife's practice where a Doctor had not been in attendance.

During the year Midwives attended 907 births alone, and 184 under the superintendence of medical practitioners. Medical assistance was summoned on 233 occasions, including 51 cases where the Maternity Ward Sisters at the General Hospital and the Municipal Hospital called in a Staff Doctor. The Local Supervising Authority is responsible for the payment of fees to doctors called in by Midwives, and with the continuance of trade depression and unemployment the number of such accounts received remains high. All or part of the fee is recoverable according to the financial circumstances of the patient. Medical practitioners were paid £208, of which a sum of £85 was recovered from patients. No Midwives are employed or subsidised by the Local Authority outside the Hospitals.

Milk Assistance Scheme.—Pasteurised Milk is granted free on the Clinic Medical Officer's recommendations to infants and to expectant and nursing mothers in necessitous cases falling within

a certain income scale. During 1931, 713 pounds of dried milk were sold at cost price, 773 were given free, and 66,343 pints of fresh milk were given free at a total cost to the Health Committee of £639. The income in all cases is verified by reference to employers and others, but unemployment has been responsible for over 75% of the claims for help.

Dried and Fresh Milk Supplied through Maternity Centres:—

Year.	Dried Milk sold to Mothers. lbs.	Dried Milk given free to Mothers. lbs.	Fresh Milk given free to Mothers. pints.	Net Cost of Fresh & Dried Milk Supplied.
1921	7,264	2,200	5,432	£316
1922	4,286	1,844	27,110	£399
1923	4,332	896	23,129	£282
1924	4,831	959	15,195	£170
1925	3,486	736	20,615	£248
1926	4,719	1,537	40,009	£529
1927	2,248	611	36,284	£417
1928	1,134	367	33,950	£347
1929	1,415	329	33,100	£323
1930	1,119	345	43,173	£397
1931	713	773	66,343	£639

Ante-Natal Clinics.—The very gratifying progress recorded in 1930 has been more than maintained during the year under review, 727 attendances by expectant mothers at the Municipal Ante-Natal Clinics being recorded compared with 396 in 1930. In addition to the above, expectant mothers made 888 attendances at the Ante-Natal Clinic at the General Hospital in connection with the Municipal Maternity Ward, and 158 attendances at the Ante-Natal Clinic held by the Darlington Queen's Nurses' Association. The importance of this work is so great that every effort is being made to increase the attendances.

One-half of our infantile mortality occurred during the first four weeks of life, owing in great part to antecedent preventable conditions in the mothers. All women in their first pregnancy, all who have had previous miscarriages or difficult labours, and expectant mothers suffering from any abnormality during pregnancy, are advised to seek skilled medical advice with a view to appropriate treatment being obtained before an emergency has arisen.

Ante-Natal examination and keeping of records is now part of a Midwife's routine practice. 419 visits were paid by Queen's Nurses to 330 expectant mothers, and 110 extra post-natal visits to 110 cases in the ordinary course of their duties.

Deaths under one month.—Though the death-rates of children under one year have fallen during the last 50 years from 160 to 73 per 1,000 births, no appreciable reduction has taken place in the case of babies under four weeks. Of the 82 deaths under one year, 40 occurred in infants under 4 weeks, *i.e.*, 49% or 36 per 1,000 live births.

Dental Treatment for mothers and children attending the Centres was continued at the School Clinic on Saturday mornings. Mr. J. L. Liddell, L.D.S., Dental Officer, reports the following:—

The dental work has increased very much this year. There were 65 more cases, and 84 more attendances than in the previous year. The number of operations performed shows an increase of 182. 71·5% of those who were recommended treatment attended at the School Clinic. Last year the percentage was 64·3.

I am afraid that the impossibility of getting artificial dentures prevents a certain amount of necessary work being done. “I cannot have my teeth out until I can afford to get some new ones.” This is frequently heard. Of course it is pointed out that the possession of a healthy, edentulous mouth is much better than the retention of a focus of infection. I have no doubt, when the present industrial depression is removed, there will be greater demands on this service.

No. of mothers attending	...	...	...	102
No. of children attending	...	...	...	46
Total				148
No. of attendances	...	...	...	201
Extractions, permanent teeth	...	...	...	412
Extractions, temporary teeth	...	...	...	70
Total				482
Fillings	...	...	...	2
Scaling	...	...	...	1
Sockets treated	...	...	...	8
Receipts, £1 9s. 6d.				

The Ante-Natal Clinics are held weekly in Albert Road Schoolhouse on Thursdays from 1-30 p.m. Average attendance, 20.

The Maternity Centres have been open 246 times; 18,802 attendances have been made by mothers with babies, the average attendance being 76.

Fifty-six attendances were made at our Maternity and Child Welfare Centres by 13 mothers who reside just outside the Borough. In the cases of these mothers the extra nourishment is supplied by the Durham County Council.

Average attendances of Mothers with Babies at Maternity Centres during the last eleven years show a steady increase:—

Year.	Albert Road.	East Road.	Paradise.	Hopetown.	Cockerton.	Haughton.					
1921 ...	69·0	...	35·3	...	58·3	...	25·1	...	—	...	—
1922 ...	73·8	...	30·0	...	53·4	...	35·5	...	—	...	—
1923 ...	78·9	...	25·1	...	49·1	...	33·0	...	—	...	—
1924 ...	66·8	...	34·3	...	53·1	...	31·9	...	18·5	...	—
1925 ...	64·9	...	30·2	...	59·4	...	26·9	...	25·0	...	—
1926 ...	82·7	...	41·1	...	85·5	...	42·3	...	27·8	...	—
1927 ...	85·6	...	38·8	...	82·7	...	28·1	...	22·0	...	—
1928....	84·6	...	50·0	...	81·7	...	39·4	...	25·6	...	—
1929 ...	95·3	...	58·8	...	86·6	...	32·2	...	27·8	...	—
1930 ...	109·9	...	69·1	...	103·4	...	43·2	...	23·3	...	—
1931 ...	110·4	...	76·6	...	108·1	...	53·1	...	35·4	...	18·5

Total attendances of Expectant Mothers at the Maternity Centres and Ante-Natal Clinic during the last eleven years:—

Year.		At Maternity Centres.		At Ante-Natal Clinic.
1921	...	91	...	58
1922	...	233	...	73
1923	...	187	...	72
1924	...	190	...	61
1925	...	171	...	117
1926	...	194	...	244
1927	...	208	...	245
1928	...	149	...	356
1929	...	211	...	366
1930	...	240	...	396
1931	...	161	...	566

In addition to these, 888 attendances were made at the General Hospital Clinic, and 158 at the Queen's Nurses' Ante-Natal Clinic.

Total Number of Expectant Mothers attending:—

Municipal Ante-Natal Clinic ...	253	Average attendance,	26.
General Hospital ...	178	„	37.
Queen's Nurses' Association ...	83	„	13.

Home Help.—One whole-time home help and a rota of part-time home helps carried out this work while the mother was incapacitated. Charges are made according to financial conditions. Eighty-one applications were made for their services; attendance was provided in 65 cases, for 1,092½ days.

The daily charges for the services of the Maternity Home Helps are as follows:—

Where the income of a family—

Exceeds 15/- per head per week the charge to be 3/- per day.

Exceeds 12/- and not 15/- per head per week the charge to be 2/3 per day.

Exceeds 9/- and not 12/- per head per week the charge to be 1/6 per day.

Where the income is less than—

9/- per head per week the charge to be 9d. per day.

Cases of extreme poverty are considered by the Special Subcommittee.

In all the above cases the income is understood to be the average weekly income of the family, after deducting rent and rates, for the four weeks previous to the application.

Maternity Bags.—These bags, containing all the linen and other necessities to assist in an aseptic confinement, were applied for and lent in 6 cases. In each case the bag was returned in good condition and the usual deposit of 2/6 was refunded. Sterilised maternity outfits are sold at cost price to necessitous mothers through the Centres.

Mothercraft.—In co-operation with the Schools, senior girls are now admitted to our Centres in order to be introduced to the practical side of sound mothercraft. Appreciation and keenness shown by the girls are a guarantee of success, and theoretical work has now been introduced into the final year's curriculum at school.

There are no **Day Nurseries** in Darlington. A description of the work done at the Nursery School and Classes and the School Clinic will be found in the Report of the School Medical Officer.

WORK OF THE HEALTH VISITORS.

During the year the Health Visitors paid the following visits:—

First visits to Infants under one year	...	1,120
Re-visits to Infants under one year	...	2,262
Children one to five years	...	5,599
Cases of Measles, one to five years	...	298
" " over five years	...	281
" Chickenpox	...	451
" Whooping Cough	...	196
" Ophthalmia Neonatorum	...	14
" Infant Deaths	...	60
" Still-births	...	60
" Diarrhœa	...	—
" Puerperal Fever	...	5
" Puerperal Pyrexia	...	5
" Pneumonia	...	66
Expectant Mothers, first visits	...	201
" " re-visits	...	82
Maternal Deaths	...	11
Cases of Mental Deficiency	...	10
Miscellaneous Visits	...	330

Notified Births.

Notified Births.			Live Births.		Still-Births.		Total.	
			M.	F.	M.	F.	M.	F.
Legitimate	...	...	553	494	34	29	587	523
Illegitimate	...	...	21	20	0	1	21	21
			<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
			574	514	34	30	608	544
Transfers out (legitimate and illegitimate)			...					
			23	16	4	3	27	19
			<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Net Darlington Births...			551	498	30	27	581	525
Notified—			Gross	...	...	...	1,006	
By Midwives			Nett	...	...	...	963	
By Doctors and others			Gross	...	...	...	146	
			Nett	...	...	...	143	

Breast Feeding.—70% of mothers breast-fed their babies for over three months, 15% did not continue beyond the second month, and 15% did not breast feed after the first fortnight.

BABY WEEK CAMPAIGN.

24th to 31st July, 1931.

As usual the Local Baby Week Campaign centred round the Municipal Maternity and Child Welfare Scheme and the Women's Committee.

On the 29th and 30th July all efforts were concentrated on a central exhibition at Polam Hall, Grange Road, placed at our disposal through the kindness of Mrs. Baynes. Over 500 mothers, accompanied by their children under five years of age, attended under ideal weather conditions, so that most of the meetings were held outside.

There were present the members of the Voluntary Committee, the Mayoress, the ex-Mayoress, and members of the Town Council.

The Town Council subscribe annually £25 towards the expenses of the social side of the work carried out by the Voluntary helpers.

Invitations were sent to all Women's Organisations in the town to appoint representatives to visit our Baby Week Exhibition.

Girl Guides and senior school girls assisted in the care of the children while the mothers were listening to the lectures.

The Lecturers included:—

The Mayoress, Mrs. J. D. Hinks.

The ex-Mayoress, Mrs. H. P. Bell.

Alderman Dr. D. L. Fisher, Chairman of Health Committee.

Councillor T. E. Hudson.

Dr. G. A. Dawson, Medical Officer of Health.

Dr. Constance Robertson, Maternity and Child Welfare Medical Officer.

Mr. J. L. Liddell, L.D.S., Dental Officer.

Mr. A. E. Wade, Senior Sanitary Inspector.

3 District Sanitary Inspectors.

4 Health Visitors.

Stalls were set out demonstrating:—

(a) Ideal Foods.

(b) Ideal Garments.

(c) Unsuitable feeding methods.

(d) Condemned foods demonstrated by the Sanitary Inspectors.

(e) Propaganda.

Propaganda.

Posters, supplied by the National Baby Week Council, Health and Cleanliness Council, Dental Board, Safety First, and the Wesleyan and General Assurance Society, were distributed throughout the grounds, in the Centres, and places of public entertainment during the week.

The method of lecturing during the two days' intensive campaign consisted mainly in separating the mothers into small groups of 20 or so, whom each lecturer took turns in addressing speaking intimately to the mothers and inviting question and answer discussion.

This method has been particularly successful in Darlington in getting the co-operation of parents in all our schemes.

The large public lectures, in my opinion, fail because of lack of intimacy between the speaker and the individual members of the audience.

INFANT PROTECTION.—PART I. CHILDREN ACT, 1908.

This work, transferred from the Poor Law, is administered from the Health Department, the Infant Protection Officer being Miss V. I. Smiles.

There were 20 foster parents on the Register at the beginning of the year, with 20 children. There were no deaths, no proceedings taken or Orders obtained during the year under the various Sections. Miss Smiles reports:—

The number of names on the Register of nurse children at December 31st, 1931 was twenty.

During the year 5 children were returned to their legal parents, 1 attained the age of 7 years, 1 was adopted by the National Orphanage Home, London, and 7 new names were added to the Register.

One hundred and twelve visits have been made, and all proved most satisfactory.

Twenty newspaper advertisements were replied to and the necessary forms of registration sent in each case.

Forty-four interviews relating to the Adoption Act, etc., were granted apart from the usual applications for advice and suitable homes for children.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

I am indebted to the Water Engineer, Mr. E. Minors, B.Sc., A.M.I.C.E., for the following note:—

The water supply of the Borough is obtained from the River Tees. The intake is situated near the western boundary of the Borough and the water is pumped in two stages (*a*) from the River into large subsiding tanks (*b*) from the subsiding tanks through the filters to the Reservoirs and town.

Pumping plant of ample capacity has been installed and alternative sources of power are available, viz., steam, suction, gas and electricity, to provide for all reasonable requirements.

The mechanical filtration plant installed in 1924-7 has now been in operation since June, 1927. This plant, which has superseded entirely the old system of slow sand filters, is working satisfactorily. The initial difficulties met with on the starting up of the plant have been overcome.

The peaty discolouration which is present in the River Tees water, especially in the Autumn and after heavy rains, is removed by the addition of Alumina Ferric, the quantity added varying from 1 grain to 6 grains per gallon.

Lime water is also added after filtration in order to correct any tendency towards plumbo-solveney.

Improved filtration and removal of colour has been obtained by the introduction of double coagulation, using .15 grain per gallon of sodium aluminate in conjunction with alumina ferric. Experience of the process during the past twelve months shows a saving of at least 75% of wash water in the filters in addition to the advantages of a more satisfactory water.

Chlorine is injected under pressure into the filtered water main as it leaves the Waterworks. The amount added varies from $\frac{1}{3}$ to $\frac{1}{2}$ part per million, according to bacteriological findings. Three million gallons per day are used by the works and 17,000 houses in the Borough.

Analyses of the river, filtered and chlorinated water are made weekly by the Borough Analyst, whose reports during the past year have been consistently satisfactory.

Average analyses during the year 1931:—

River Water.

Number of colonies on Nutrient Gelatin at 18°-20° C. after 72 hours.	1,364 per c.c., varying from 60 to 14,200 per c.c.
Presumptive B. Coli Test after 72 hours.	Positive in 0.01 c.c. up to 1.0 c.c.

Filtered Water.

Number of colonies on Nutrient Gelatin at 18°-20° C. after 72 hours.	145 per c.c.
Presumptive B. Coli Test after 72 hours.	Positive in 0.1 c.c. up to 100 c.c.

Chlorinated Filtered Water.

Number of colonies on Nutrient Gelatin at 18°-20° C. after 72 hours.	Less than 1 per c.c.
Presumptive B. Coli Test after 72 hours.	Negative in 100 c.c. 94.4%.
	Positive in 100 c.c. 1.8%.
	Positive in 50 c.c. 3.8%.

A typical analysis of tap water taken in the centre of the town is:—

	Parts per 100,000
Chlorine as Chlorides	1.0000
Nitrogen as Nitrates	0.0298
Ammonia	0.0012
Albuminoid Ammonia	0.0090
Oxygen Absorption	1.336
Injurious Metals	None
Total solid matter dried at 100°C.	10.0000

Temporary Hardness	60 Degrees.
Permanent Hardness	7.80 „

Colour of sample on Hazen Scale	13
Appearance of sample in 2 foot tube	Not quite bright.
Odour when heated to 50 Degrees C.	None.

Small deposit from $\frac{1}{2}$ gallon consisting of earthy matter, vegetable debris, one or two threads of fungus, a few microorganisms and some cotton fibres.

Number of colonies on Nutrient Gelatin at 18°-20° C. after 72 hours.	3 in 2 c.c.
Presumptive B. Coli Test after 72 hours.	Positive in 50 c.c.

DISPOSAL OF THE DEAD.

Three large Cemeteries all recently extended provide adequate places for disposal by earth burial for many years to come. They are all well placed from a sanitary point of view and do not lead to any interference with the amenities of the neighbourhoods. Public opinion is however growing on the subject of cremation as the most sanitary method of disposal of our dead. The Darlington Cremation Society has for a number of years, as a private body, equipped a modern Crematorium in the grounds of the West Cemetery. During the past year a record number of 63 cremations have been carried out for the town and district. The Medical Officer of Health acts as Honorary Medical Referee, and every opportunity is taken to bring before the public the advantages of this method. Were it realised that cremation is no more expensive than earth burial I am sure its use would be more widely practised by the present enlightened population. There is an idea that the expense rules out any opportunity of its adoption by the working classes, but the reasonable figures charged by the Local Society are within the scope of all when compared with those for earth burial.

SANITARY INSPECTOR'S REPORT, 1931.

MR. A. E. WADE, Senior Sanitary Inspector, reports as follows:—

To Dr. G. A. Dawson, M.D., D.P.H.,
Medical Officer of Health,
County Borough of Darlington.

DEAR SIR,

I herewith submit my Annual Report for the year 1931.

The regrettable economic position, together with high taxation, has pressed very hard upon many owners of property with the result that compliance with notices has in many cases been protracted and has necessitated sacrifices on the part of the owners and forbearance on ours. I regret the large arrears of rent do not in many cases encourage owners to keep property in as good a condition as desirable. It may be thought that this phase is not my business, yet it must influence the procedure in many cases. It is to be hoped an improvement will soon ensue.

During the year the efficiency of the office has been seriously affected by the resignation of two Inspectors (F. Ward and G. H. Watmough), who had become efficient in their knowledge of conditions pertaining to the Town. Between their leaving and the appointment of Messrs. Turnbull and Monks, a direct loss of 53 working days was experienced. With the advent of new legislation, the recent Borough extension, and the appointment of new Inspectors, the work has necessarily suffered. Even now that we are settling down, I feel that the Inspectorate is insufficient if we are to carry on our work with the degree of efficiency essential to good administration.

The inspection of food, including Meat and Milk, calls for much expenditure of time. A perusal of the details set out later will indicate the amount of time remaining for the Inspection of Houses, the following up of Notices, Overcrowding, Smoke Observations, Factories and Workshops, Ice-cream Manufacturers, Shops generally, and many other duties that are included in our work.

I am pleased to say the relations between the office and the various traders, in particular the Butchers and Cow-keepers, continue to be satisfactory in spite of the enforcement of seemingly irksome but essential legislation.

Well Water.—Four samples of well water, taken in connection with 2 premises situated in the recently-added area, were submitted for analysis and proved to be unfit for drinking purposes. The supplies were stopped, and the town supply has been connected to one of the premises. With regard to the other premises, negotiations are proceeding with a view to the town's supply being laid on.

Rivers and Streams, Pollution, &c.—Numerous complaints have been made alleging the objectionable condition of the River Skerne during the summer months. The portions of the river chiefly referred to extend from the Stone Bridge to a point about 50 yards below Victoria Road Bridge, and again, the Park Lake between the Island and Geneva Road Bridge.

The objects causing the complaints consisted of old worn-out motor and cycle tyres, bicycle frames, iron bedsteads, mattresses, fruit tins and other household articles, for which the owners had no further use. These collections of rubbish impede the flow of the river and impart a depressing effect, but no nuisance to health can be said to arise from the presence of such impedimenta in the river. It is impossible to state definitely the places whereat these articles are thrown in, but at times of flooding, unfortunately, the Park Lake becomes the resting place. It is a matter for regret that the inhabitants of the areas responsible for this state of affairs do not cultivate a more marked degree of civic pride by each trying to prevent such happenings in the future.

Complaints were made also of a similar nature concerning the stream known as the Springs, at Cockerton. This stream flows past the premises occupied by the Chemical & Insulating Co., Ltd., along a portion of West Auckland Road, and joins the Cockerbeek near to West Bridge. The complaint here was the alleged stench arising from solid chemical pollution from the aforementioned works. This stream was kept under constant observation and oftentimes cleared of the same class of rubbish as that deposited in the Skerne. The pollution from the Chemical Works was negligible from a public health point of view. The fact that many fish are to be seen in the stream indicates the harmless nature of the pollution. Here, again, the residents of the area could prevent the stream from becoming a tip by the proper disposal of unwanted articles.

The Skerne Overflow.—This watercourse extends from a point on the left bank of the River Skerne immediately below John Street Bridge, thence eastward it takes a semi-circular route through the low-lying land situate between East Mount Terrace and Valley Street North, eventually running westward to join the River Skerne immediately above Russell Street Bridge.

It appears this watercourse is kept in being during drought by natural springs. During heavy floods it relieves the Skerne, the latter overflowing a weir constructed in its left bank and flowing under Messrs. Brown's Sawmills.

The whole water-course is subject to much abuse by persons depositing all kinds of solid refuse therein, and in consequence the flow is impeded and the water becomes stagnant. Vegetation in the form of Sedge and Rush almost fills the bed in places. The portion parallel to Lodge Street is quite grown up, and under the roadway prior to its confluence it is silted up several feet. However, it would be difficult to prove nuisance sufficient to become injurious to health, but much annoyance occurs in connection with the low-lying gardens. These flood badly at times, and so doing cause loss to those concerned. I have no doubt that in the future this watercourse must be cleared of its obstructions and its bed lowered.

Drainage and Sewerage.—The sewage of the town is conveyed by gravitation to the Sewage Farm in the Skerne Valley about a mile to the south of the town. Storm overflows are provided at convenient points in the lower parts of the town in the neighbourhood of the River Skerne. During very heavy rainfall serious flooding took place in Rydal Road, the sewage entering some of the houses to a depth of six inches. I understand certain works are to be undertaken immediately by the Borough Surveyor to prevent this occurrence.

Numerous complaints have been received from residents of the unpleasant emanations from the open sewer ventilators. This annoyance is very real, and is badly in need of alleviation by means of a more up-to-date ventilation system.

Sanitary Conveniences.—1,511 W.C.'s were substituted for a like number of privy-ashpits, and 54 water closets substituted for 54 privy pans. These substitutions were carried out under the conversion schemes.

Ninety-six privy-ashpits and four privy-pans have been removed and no water closets substituted where the premises were already provided with a water closet.

The following is a list of the various forms of sanitary conveniences in use in the Borough:—

Water-closets	...	...	...	...	16,751
Combined Privy-ashpits	...	...	...	...	1,805
Privy-pans	...	...	...	...	50
Old Privy-middens	...	...	...	...	11
Total					18,617

Scavenging and Tips.—The scavenging of the town is undertaken and carried out by the Borough Surveyor's Department.

Snipe Tip is the only one used for the deposit of privy contents. This is covered over each week and is small in quantity owing to the rapid progress of the conversion of privies to water closets. This tip is situated well away from any dwellings, and constitutes no nuisance.

Household refuse is dealt with by controlled tipping at three tips:—Neasham Road, South Park and the Old Brickyard at Harrowgate Hill. By this method much low-lying land is improved or re-claimed, and with the exception of the Neasham Road Tip, no nuisance has arisen, as each day the material is covered with soil. The nuisance that existed at Neasham Road Tip was caused by a Spring suddenly becoming active. The water was pumped therefrom and the site rapidly filled in to above the Spring level, since when the nuisance has entirely subsided.

General Sanitary Work.—3,563 Inspections and 4,019 Re-Inspections of houses were made under the Public Health Acts and the Housing and Town Planning Acts. 1,185 Informal Notices were served upon the owners of property in respect of 2,238 nuisances existing thereon, and in very many cases the nuisances were abated without further action being necessary. The remaining cases where the notices were not complied with, were included in the monthly reports submitted to you. Upon your instructions 255 Statutory Notices for the abatement of 558 nuisances were served during the year. The total number of nuisances abated in compliance with notices served during the year was 2,084.

The following is a summary of the various headings under which such notices were served:—

	Number of Nuisances or defects dealt with by Informal Notices.	Number of Nuisances or defects dealt with by Formal Notices by Order of the Council.	Number of Nuisances or defects abated or remedied after service of Notices.
Dwelling-houses—			
Foul Conditions	66	1	67
Structural Defects	1,292	371	1,143
Water Supply to Houses and De- fective Fittings	5	1	6
Absence of Sinks	7	3	1
Defective Sinks	241	38	226
Absence of Foodstores	18	7	11
Defective Yard Paving	92	28	99
Water Closet—			
Drains stopped and Defective Fittings	59	41	56
Water Supplies to Water Closets ...	12	2	13
House Drainage—			
Yard, Cellar Drains, Down-pipes stopped, Defective Drains and Traps	194	31	209
No disconnection from Sewer ...	3	1	4
Filthy Yards	9	—	9
Animals and Poultry Improperly kept	4	—	4
Slaughterhouses	7	—	7
Bakehouses	13	—	13
Cowsheds	11	1	10
Offensive Trades	6	—	6
Smoke Nuisances	4	—	4
Ashpits, Privies and Ashbins ...	146	29	151
Deposits of Refuse and Manure ...	44	4	40
Stables	3	—	3
Pig-styes	2	—	2
Totals for 1931	2,238	558	2,084

Analysis of Inspections, 1931.

Public Health and Housing Act Visits	...	...	...	...	...	7,582
Van Dwellings	...	...	...	...	...	135
Common Lodging Houses	...	...	...	...	...	151
Overerowedd Houses	...	...	...	...	...	51
Interviews with Owners and Builders	...	...	...	...	...	1,839
Yards and Courts	...	...	...	...	...	279
Total Inspections of Housing Conditions						10,037
Slaughterhouses	...	...	...	...	...	5,696
Bakehouses	...	...	...	...	...	217
Cowsheds	...	...	...	...	...	278
Milk Retailers	...	...	...	...	...	267
Ice Cream Premises	...	...	...	...	...	317
Fried Fish Shops and Offensive Trades	...	...	...	...	...	185
Cold Stores	...	...	...	...	...	21
Fruit Warehouses	...	...	...	...	...	131
Markets	...	...	...	...	...	126
Milk Tested for Dirt	...	...	...	...	...	59
Total Inspections with reference to Food						7,297
Visits after Infectious Disease	...	...	...	...	...	471
Factories, Workshops, etc.	...	...	...	...	...	945
Drain Testing	...	...	...	...	...	66
Rat Inspections	...	...	...	...	...	116
Piggeries	...	...	...	...	...	10
Smoke Abatements	...	...	...	...	...	41
Investigation of Complaints	...	...	...	...	...	167
Shops' Acts	...	...	...	...	...	438
Merchandise Marks Acts	...	...	...	...	...	126
Total of other Inspections						2,380
Total Inspections made during the year						19,714

SMOKE ABATEMENT.

Thirty-one smoke observations have been carried out in connection with 19 premises. Ten special visits were made and advice given to stokers and others concerned.

Letters were sent to four of the worst offenders. All concerned are trying to minimise the output of smoke, and as a result of interviews, etc., a considerable improvement has been obtained. No proceedings were taken in any of the cases.

Section 334 of the Public Health Act, 1875, exempts the following processes from the provisions of the Act relating to Smoke Abatement:—The smelting of ores and minerals, calcining, puddling and rolling of iron and other metals, and the conversion of pig-iron into wrought-iron. The Public Health (Smoke Abatement) Act, 1926, Section 1, Sub-section E extends the aforementioned list of exemptions to:—“Re-heating, annealing, “hardening, forging, and the converting and carburising of iron “and other metals”:—Including smoke from dwelling-houses (also exempt) it will be seen that the greatest smoke pollution emanates from premises that are exempted under the relevant Acts. From a public health point of view this is regrettable, but it is recognised by the legislature, that it is almost impossible to carry on these industries and comply with the standard of “not more than 2 minutes’ emission of black smoke in the aggregate within any continuous period of 30 minutes,” as required by the Public Health (Smoke Abatement) Act, 1926.

Analysis of Observations.

Premises	No. of Observations	Minutes Black Smoke	Minutes Moderate Smoke	Length of time of Observation
Feethams Infirmary	2	8½, 2¾ ...	26½, 12¼ ...	60 Minutes and 30 Minutes.
Cleveland Bridge & Engineering Co., Ltd. Smithfield Road	5	0, 2, 1½, 6, 1	0, 1, 1½, 3, 4	30 Minutes each.
Public Baths, Kendrew Street	4	0, 5, 1½, 13...	0, 5½, 10, 22	30, 30, 30, 60 Minutes.
R. Blackett & Son, Brickworks, Haughton Road	2	12, 8½ ...	12, 7½ ...	60 Minutes (each).
Haughton Road Brewery	1	16 ...	20½...	60 „
The Forge, Ltd., Albert Hill	1	11½...	9 ...	30 „
Electricity Works, Haughton Road	2	0, 7 ...	4¼, 5 ...	30 „
L.N.E.R. Co. (Crosbys)	2	3½, 3½ ...	4½, 4½ ...	30 Minutes and 60 Minutes.
L.N.E.R. Co. (North Road Shops)	1	4 ...	9¼ ...	30 Minutes.
Lily Laundry, Russell Street	1	6¾ ...	4¾ ...	30 „
Robt. Stephenson & Co. Ltd., Thompson St.	2	0, 0 ...	4, 2 ...	30 „ (each).
Hy. Pease & Co., Ltd., Priestgate Mills	1	0 ...	5 ...	30 „
R.T. Smaith & Son Ltd., Joiners, Bondgate	1	0 ...	1½ ...	30 „
Burnip's Brickyard, Yarm Road	1	0 ...	1½ ...	30 „
Haward & Robertson, Garden Street	1	0 ...	0 ...	30 „
L.N.E.R. Co. (Faverdale)	1	0 ...	0 ...	30 „
Chemical Works, Cockerton	1	0 ...	0 ...	30 „
Weardale Steel & Coke Co., Ltd., Smithfield Road	1	0 ...	4½ ...	30 „
W. Richardson & Co., Horticultural Works, Neasham Road	1	0 ...	0 ...	30 „

Houses Let in Lodgings.—Bye-laws were made under the Housing Act, 1925, on the 2nd July, 1931, and confirmed by the Ministry of Health on the 7th September, 1931. No action could be taken under these byelaws owing to changes in the Sanitary Inspector's Staff. It is hoped to bring these byelaws

into force at once so as to control and prevent sub-letting and the letting of large houses to several families without first providing adequate amenities in the form of Foodstores, Water Supplies, Washing Accommodation, the Cooking of Food, &c.

Living Vans, Tents and Sheds.—The Darlington Corporation Act, 1930, Section 166, gives power to regulate and control the occupation of lands or premises by living vans, tents and sheds used for human habitation. During 1931 three sites were discontinued without recourse to proceedings although authorised by the Council:—

West Auckland Road ...	On land near to Alma Hotel.
Whessoe Road ...	... Adjoining No. 357, Whessoe Road.
Lingfield Lane ...	... Near to Prospect Farm, Lingfield Lane.

Two sites have been consented to, subject to water closet accommodation, water supply, drainage and paving being satisfactory.

There are now four sites in use:—

Valley Street North	Lodge Street.
Archer Street.	Chesnut Street.

The Valley Street site has been much improved due to the number of living vans being reduced from 18 to 7. All the sites are kept under constant observation by the District Inspectors and myself, and I am pleased to report that it has not been necessary to serve any notices in reference thereto.

Offensive Trades.—In 4 cases applications were made for consent to establish the trade of Fish Frying, and were all refused on the grounds that the needs of the district were already provided for.

The number of premises now used for offensive trades and duly licensed is 42, as follows:—

- 1 Gut Scraper.
- 33 Fish Fryers.
- 1 Fellmonger.
- 1 Fat Rendering and Tripe Boiling.
- 3 Fat Rendering.
- 2 Rag and Bone Dealers.
- 1 Tripe Boiler.

There are also 29 Fried Fish Shops in the Borough not on the Register, having been established prior to the date of the Order under which they were scheduled as Offensive Trades.

The whole of the premises are under supervision, and are kept in a fairly satisfactory condition. Five Informal Notices were served and all complied with.

Factories, Workshops and Workplaces.—The number of Workshops, including Bakehouses, on the Register at the 31st December, 1931, was 418, and the number of Factories 232, total, 650, of which 945 inspections have been made.

Bakers and Confectioners	...	...	...	105
Dressmaking, Millinery, &c.	...	...	...	48
Boot Repairing	...	...	...	52
Joiners, Cabinetmakers, &c.	...	...	...	62
Tailors	...	...	...	37
Plumbers	...	...	...	21
Blacksmiths	...	...	...	11
Painters	...	...	...	23
Upholsterers	...	...	...	12
Other Workshops	...	...	...	279
				650

Defects.					Found.	Remedied.
Want of Ventilation	...	...	...	...	3	3
Want of Cleanliness	...	...	...	...	24	21
Other Nuisances	...	...	...	...	14	14
Sanitary Accommodation—						
Unsuitable or Defective	...	...	...	...	5	5
Want of Cleanliness	...	...	...	...	2	2
Insufficient	...	...	...	...	2	2
Total					50	47

Four notices of defects to be dealt with under Public Health Acts were received from the Factory Inspector, and in each case the premises were inspected, notices served where necessary and the defects remedied.

Outworkers.—Eight lists containing the names of 12 Outworkers, were received, and 13 inspections of the premises of such Outworkers were made.

Rag Flock Acts, 1911-23.—There is one Manufactory for Rag Flock within the Borough which has been regularly inspected, and the business has been found to be carried on in a satisfactory manner. One Formal sample was taken and submitted for analysis to determine the degree of cleanliness of the Flocks, and the Analyst reported the sample to contain well under the limit of Soluble Chlorine as prescribed by the Act.

HOUSING.

From the Census Statistics it is estimated that 5·8 per cent. of our families are sharing a house compared with 10·0 per cent. for the neighbouring County Boroughs in Durham. In our poorest quarters several families are badly overcrowded, particularly owing to back-to-back property and sub-letting. It is not unusual to find tenants of a house of 5/- per week rental charging 10/- per week for a single room “furnished” with a table and a chair. Cases have been reported monthly to the Health Committee for their consideration and action.

The following figures show the progress made in house building since 1918:—

		Private Enterprise.		By Corporation.		Total.	
		Without Subsidy.	With Subsidy.				
1918	...	2	—	...	—	...	2
1919	...	6	—	...	—	...	6
1920	...	17	—	...	—	...	17
1921	...	9	—	...	86	...	95
1922	...	187	—	...	152	...	339
1923	...	264	1	...	35	...	300
1924	...	103	208	...	18	...	329
1925	...	96	399	...	15	...	510
1926	...	81	256	...	50	...	387
1927	...	56	334	...	—	...	390
1928	...	58	274	...	—	...	332
1929	...	63	420	...	—	...	483
1930	...	264	—	...	—	...	264
1931	...	200	2	...	—	...	202

1. Inspection of Dwelling-houses during the year:—				
(1) (a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	1,185
(b)	Number of inspections made for the purpose			3,563
(2) (a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing (Consolidated) Regulations, 1925	...	...	518
(b)	Number of inspections made for the purpose			1,033
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	33
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	...	452
2. Remedy of defects during the year without service of formal notices:—				
	Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	...		809
3. Action under Statutory Powers during the year:—				
A.—Proceedings under Section 17 of the Housing Act, 1930:—				
(1)	Number of dwelling-houses in respect of which notices were served requiring repairs...			88
(2)	Number of dwelling-houses which were rendered fit after services of Formal notices:—			
(a)	By Owners	...	...	72
(b)	By Local Authority in default of Owners	...	...	2
B.—Proceedings under Public Health Acts:—				
(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied...	...	...	255
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices:—			
(a)	By Owners	...	...	130
(b)	By Local Authority in default of Owners	...	...	0

Overcrowding.—Owing to the continued shortage of the class of houses required by families whose incomes are small and irregular, numerous cases of overcrowding have been found to exist. No notices were served for the abatement of these conditions owing to the impossibility of those concerned being able to obtain other accommodation at a rental consistent with their incomes.

Thirty-four premises, consisting of 107 rooms, occupied by 58 families, and composed of 337 persons, were specially reported to the Health Committee in order of occurrence, and the details passed on to the Housing Committee.

Increase of Rent and Mortgage Interest (Restrictions) Act, 1920.—No applications were received for Certificates under Section 2 (2) of the above Act.

INSPECTION AND SUPERVISION OF FOOD.

Food and Drugs.—During the year 218 samples were taken for analysis:—

Article Taken.	No. of Samples.		Genuine.	Adulterated or below Standard.
	Formal.	Informal.		
Milk—				
Morning	95	2	76	21
Afternoon	32	1	29	4
Separated	5	—	5	—
Pasteurised	5	—	5	—
Sterilised	2	—	2	—
Cream	—	1	1	—
Cod Liver Oil	—	1	1	—
Butter	—	11	11	—
Lard	—	5	5	—
Cocoa	—	3	3	—
Coffee and Chicory	—	3	3	—
Coffee	—	2	2	—
Ground Almonds	—	3	3	—
Black Currant Jam	—	1	1	—
Marmalade	—	1	1	—
Ketchup	—	1	1	—
Mincemeat	—	1	1	—
Condensed Machine Skimmed Milk	—	1	1	—
Condensed Full Cream Milk...	—	1	1	—
Evaporated Milk	—	1	1	—
Whisky	—	5	4	1
Rum	—	4	3	1
Bread and Butter	—	1	1	—
Sausage	3	12	14	1
Pressed Beef	—	1	1	—
Chicken, Ham and Tongue	—	1	1	—
Crab and Lobster Paste	—	1	1	—
Lobster Creme	—	1	1	—
Salmon Creme	—	1	1	—
Beef and Tongue Paste	—	1	1	—
Salmon and Shrimp Paste	—	1	1	—
Bloater Paste	—	1	1	—
Lemon Cheese	—	1	1	—
Tinned Salmon	—	1	1	—
Jellied Veal	—	1	1	—
Green Peas	—	1	1	—
Shrimps	—	2	2	—
Flour	—	1	1	—
	142	76	190	28

Of the 142 samples of Milk, 25 samples, including 6 samples taken in course of delivery to the retailer, and 3 "Appeal to Cow" samples were below standard. The details of these samples are set out in the table following.

One sample of Rum and one of Whisky were slightly below standard, 1.14% and 1.9% respectively. Warnings were given to the Vendors of these samples.

One sample of Sausage showed a small quantity of boric acid, one of the prohibited preservatives. In this case a warning was given, and further samples taken proved the absence of any preservative.

Details of Milk Below Standard.

No. of Sample.	Date.	A.M. or P.M.	N.F.S.	Fat.	Deficiency.	Remarks.
16	24/2/31 ...	P.M. ...	8.35% ...	4.45% ...	Equiv. to 1.8% added water...	No action taken.
36	26/2/31 ...	P.M. ...	8.03% ...	3.40% ...	" 5.5% added water...	Do.
40	26/2/31 ...	A.M. ...	8.15% ...	3.50% ...	" 4.10% added water	Do.
42	27/2/31 ...	P.M. ...	8.13% ...	3.65% ...	" 4.47% added water	Taken in course of delivery to Vendor of Sample 36. No action taken.
47	2/3/31 ...	A.M. ...	8.30% ...	3.25% ...	" 2.35% added water	Taken in course of delivery to Wholesale Dealer from Producer at place of delivery. Same Producer as Samples 36, 40, 42, 43. No Appeal to Cows. No action taken.
48	2/3/31 ...	P.M. ...	8.43% ...	3.90% ...	" 0.82% added water	No action taken.
60	14/4/31 ...	A.M. ...	8.36% ...	4.25% ...	" 1.65% added water	No action taken.
70	13/5/31 ...	A.M. ...	9.00% ...	2.95% ...	1.65% deficient in fat	No action taken.
86	16/6/31 ...	A.M. ...	9.00% ...	2.90% ...	3.34% " "	No action taken.
90	17/6/31 ...	A.M. ...	8.90% ...	2.60% ...	13.34% " "	Sample from Retailer.
99	18/6/31 ...	A.M. ...	8.94% ...	2.55% ...	15.00% " "	From Producer in course of delivery to Retailer.
103	19/6/31 ...	A.M. ...	8.89% ...	2.85% ...	5.00% " "	Appeal to Cow Samples from Producer of Samples 90 and 99. See note at end. No action taken.
104	19/6/31 ...	A.M. ...	9.02% ...	2.85% ...	5.00% " "	No action taken.

Details of Milk Below Standard—continued.

No. of Sample.	Date.	A.M. or P.M.	N.F.S.	Fat.	Deficiency.	Remarks.
91	17/6/31 ...	A.M. ...	9.03% ...	2.63% ...	12.34% Deficient in Fat ...	Sample from Retailer.
102	18/6/31 ...	A.M. ...	9.05% ...	2.70% ...	10.00% " "	Sample from Wholesale Dealer in course of delivery to Retailer.
105	19/6/31 ...	A.M. ...	8.91% ...	2.90% ...	3.34% " "	Sample from Producer in course of delivery to Wholesale Dealer. No Appeal to Cow. Sample taken. No action taken.
127	12/8/31 ...	A.M. ...	8.38% ...	3.75% ...	0.7% " " <i>N.F.S.</i> ...	No action taken.
133	12/8/31 ...	A.M. ...	9.04% ...	2.85% ...	5.0% " " <i>FAT.</i> ...	No action taken.
135	12/8/31 ...	A.M. ...	8.46% ...	2.85% ...	0.50% Def. in <i>N.F.S.</i> ... 5.00% Def. in Fat ...	Sample from Retailer.
145	13/8/31 ...	A.M. ...	8.56% ...	2.70% ...	10% Def. in Fat ...	Sample from Producer of Sample 135.
150	14/8/31 ...	A.M. ...	8.40% ...	2.95% ...	1.20% added water ... 1.66% Def. in Fat ...	Appeal to Cow Sample. Same Producer as Samples 135 and 145. No action taken.
138	12/8/31 ...	A.M. ...	8.66% ...	2.85% ...	5.00% in Fat ...	No action taken.
141	13/8/31 ...	A.M. ...	9.16% ...	2.80% ...	6.67% Def. in Fat ...	No action taken.
144	13/8/31 ...	A.M. ...	8.90% ...	2.60% ...	13.34% Def. in Fat ...	Sample from Retailer who is also Producer.
149	14/8/31 ...	A.M. ...	8.95% ...	2.60% ...	13.34% Def. in Fat ...	Appeal to Cow Sample from Producer of Sample 144. No action taken.

The significance of the deficiencies in the "Appeal to Cow" Samples is apparent. There is no doubt that the excessive wet weather coupled with a very low night temperature (falling so low as 38° and 40° Fahrenheit during July and August) was entirely responsible for the low quality of morning milk, the cows being in the pastures all night.

BOROUGH ANALYST'S REPORT.

I am indebted to Mr. C. J. H. Stock, B.Sc., F.I.C., Borough Analyst, Victoria Road, Darlington, for the following report:—

1. During the year ended the 31st December, 1931, 218 samples of Food have been submitted for analysis and report under the provisions of the Food and Drugs (Adulteration) Act, 1928, for the County Borough of Darlington, as compared with 182 samples received during the 12 months ended the 31st December, 1930.

2. I have certified 183 samples to be of genuine quality and 21 samples to be adulterated or below standard, while 8 samples of Milk taken as reference samples in course of delivery, and 6 samples of Milk taken on appeal to the cow, have also been reported upon.

3. Excluding the reference and appeal samples, the percentage of adulteration for the year was 10·29, as compared with 14·72 for the previous 12 months.

4. During the ordinary course of inspection 123 samples of Milk were taken, which is an increase of 17 samples over the number submitted during 1930; in addition 5 samples of Skimmed or Separated Milk were taken.

Of the 123 ordinary milk samples, 109 were certified as being of genuine quality, and 14 as being adulterated or below standard, giving a figure of 11·38 for the percentage of adulteration for milk during the period which is the subject of this Report.

In this figure are included all samples, either adulterated or below standard, but reference and appeal samples are not included.

The figure for the year ended the 31st December, 1930, was 20·75.

Of the 14 samples reported against, 5 were deficient in non-fatty solids, 8 were deficient in fat and 1 was deficient in both non-fatty solids and in fat, while of the reference samples 3 were deficient in non-fatty solids, 3 were deficient in fat, 1 sample was of genuine quality, and 1 sample, although of genuine quality so far as the content of non-fatty solids and fat was concerned, contained an excessive proportion of visible moist dirt.

Of the appeal samples 4 were deficient in fat, 1 was deficient in both non-fatty solids and in fat, while 1 was of genuine quality.

The average composition of the genuine samples shows that the general quality of the milk sold in the town during the year 1931 was satisfactory:—

Non-fatty solids	...	...	...	...	8.94%
Fat	...	...	...	...	3.66%

For the year 1930, the figures, which are given below, are remarkably close:—

Non-fatty solids	...	...	...	...	8.93%
Fat	...	...	...	...	3.64%

5. Commodities other than Milk, by which is meant the natural product of the Cow, to which nothing has been added or from which nothing has been abstracted, comprised the following:—

Almonds, Ground	...	...	3	Milk, Evaporated	...	...	1
Bread and Butter	...	...	1	„ Full Cream, Sweetened	...	...	1
Butter	...	...	11	Condensed	...	...	1
Cocoa	...	...	3	„ Machine Skimmed,	...	...	1
Cod Liver Oil Emulsion	...	...	1	Sweetened Condensed	...	...	5
Coffee	...	...	2	„ Separated or Skimmed	...	...	1
Coffee and Chicory	...	...	3	Mincedmeat	...	...	1
Cream	...	...	1	Peas, Tinned	...	...	1
Fish Paste	...	...	3	Pressed Beef	...	...	4
Fish, Tinned	...	...	3	Rum	...	...	15
Flour	...	...	1	Sausage	...	...	2
Jellied Veal	...	...	1	Shrimps	...	...	1
Jam and Marmalade	...	...	2	Tomato Ketchup	...	...	5
Lard	...	...	5	Whisky	...	...	...
Lemon Cheese	...	...	1				
Meat Paste	...	...	2				

In all, 7 of these articles failed to fulfil requirements: 1 sample of Skimmed Milk contained an excess of visible moist dirt; 1 sample of Rum and 1 sample of Whisky contained a slight excess of water, while 2 samples of Sausage were preserved with Boric Acid, a preservative which is prohibited in foodstuffs

under the Public Health (Preservatives, etc., in Food) Regulations, and 2 samples of Sausage contained Sulphur Dioxide, but were not labelled "Preserved Sausage" as is required for compliance with the above Regulations.

6. The result of the year's work is to show that, although the majority of samples submitted for analysis under the Food and Drugs (Adulteration) Act, 1928, are of satisfactory quality and comply with their descriptions, it is necessary to maintain supervision in the interests of the consumer.

(Signed) CYRIL J. H. STOCK.

9th June, 1932.

MILK (Special Designations) ORDER, 1923.

The Special Designations under which Milk may be sold in pursuance of this Order are:—"Certified," "Grade A (Tuberculin Tested)," "Grade A" and "Pasteurised."

During the year 1 Licence for the sale of Pasteurised Milk was granted.

Three samples of Pasteurised Milk from the only firm producing this commodity have been taken and submitted for bacteriological examination.

In order to comply with the standard, Pasteurised Milk should not contain more than 100,000 organisms per cubic centimetre, after 48 hours incubation at 37 degrees Centigrade. There is no standard for the presence or absence of Coliform Bacilli.

DETAILS OF BACTERIOLOGICAL EXAMINATION OF ABOVE SAMPLES.

No. of Sample.	No. of organisms per c.c. 48 hours incubation.	Age of Sample	Age since Pasteurisation	Presence or absence of Coll. Bacilli.	Remarks.
1	1,800	30-39 hrs.	27 hrs.	Positive in only 2 of 3 tubes in 1/10th c.c.	Excellent.
2	5,150	33-42 hrs.	24 hrs.	Positive in 3 tubes in 1/100th c.c.	Good.
3	118,000	52-64 hrs.	48-50 hrs.	Positive in 3 tubes in 1/1000th c.c.	Note.

This latter sample was retained, sealed in the office for a period of 18½ hours before being delivered at the Laboratory in order to approximate the condition after being kept in the homes of the consumers.

MILK AND DAIRIES ORDER, 1926.

	Producers.	Retailers.	Cowsheds.
On Register 1st January, 1931...	35	166	37
Discontinued during the year ...	1	16	1
Added during the year	0	3	0
Total at end of year	34	153	36

The routine inspection of herds was carried out by Mr. C. G. Hill, M.R.C.V.S. (in company with myself) of 33 herds involving 406 cows ; they can be considered most satisfactory in every respect.

In addition 278 visits of inspection were made by the Sanitary Inspectors, and there is no doubt that the producers are now providing a much cleaner milk. Fifty-nine samples of milk were examined for visible dirt, by means of the Minit-Tester. When a pad revealed any laxity on the part of the milkers, the fact was immediately brought to the notice of the person responsible, and a verbal warning given at the time of occurrence. This has had a very good effect upon the cowkeepers.

An offence was committed by a Purveyor of Milk filling and closing milk bottles in a public street contrary to Clause 31, Sub-clause (2) of the above Order. A letter of warning was written to the defendant.

Eleven Informal notices were served for various defects, and all but one were complied with at the end of the year.

There are in the Borough 114 Retail Purveyors of Milk and 34 Producers. The number of Producers, including Wholesale Traders outside the Borough who are sending milk into the Borough, is 111.

The approximate amount of milk consumed daily in the Borough is 3,745 gallons, of which 2,665 gallons are morning milk, and 1,080 gallons are afternoon milk. Of the above, 2,103 gallons are bottled, and 1,642 gallons are sold as loose milk. Included in the figures for bottled milk 1,251 gallons are Pasteurised.

Milk and Dairies (Consolidation) Act, 1915.—Six samples from Producers within the Borough, and 6 samples from Producers outside the Borough, taken for Biological Examination for Tubercle Bacilli during the year, proved negative.

Forty samples of Ordinary Milk and one sample of Cream were taken and submitted for Bacteriological Examination. Although there is no standard of purity for Ordinary Milk, it is generally recognised that the presence of Coliform organisms in a dilution of one-hundredth is the limit of toleration, having regard always to the age of the sample.

Samples 23 to 31 inclusive were test samples. The milk after being received was retained in the office, sealed, until the age reached from 26 to 30 hours, and in one case 52 hours. In this state it approximates the average condition of milk as kept in the ordinary household. In all cases, where the total Bacterial Count was considered excessive, or the Coliform Organisms were demonstrated in a dilution of 1:100 or greater, letters were sent to the Producer or Vendor as the case might require, also to the Local Authority of the Producing district. In two of the worst cases, the Medical Officer of Health, the Inspector of the District in which the milk was produced, and myself, visited the premises, and a severe warning was given.

General Analysis of Samples taken.

No. Classification of Milk.	Age of Sample.	Total No. of Organisms per c.c.	Presence or absence of Coliform Bacilli after 48 Hours incubation.
1 Ordinary	4½ hrs.	16,500	Positive in 2 of 3 tubes in 1/100 th c.c.
2 „	30 „	23,300	Positive in 3 tubes in 1/100th c.c.
3 „	4 „	16,100	Positive in 1 tube in 1/1000th c.c.
4 „	4 „	5,200	Positive in 2 tubes in 1/100th c.c.
5 „	4 „	1,100	Positive in 1/10th c.c. Absent in 1/100th c.c.
6 „	4 „	24,000	Positive in 2 of 3 tubes in 1/100th c.c.
7 „	4 „	7,300	Positive in 3 tubes in 1/100th c.c.
8 „	4 „	60,000	Positive in 2 of 3 tubes in 1/1000th c.c.
9 „	4 „	11,200	Positive in 3 tubes in 1/10th c.c.
10 „	4 „	106,700	Positive in 2 of 3 tubes in 1/100th c.c.
11 „	4 „	104,000	Positive in 3 tubes in 1/100th c.c.
12 „	3½ „	29,000	Positive in 3 tubes in 1/100th c.c.
13 Cream ...	?	2,300	Positive in 3 tubes in 1/100th c.c.
14 Ordinary	4½ hrs.	1,000	Do.
15 „	3 „	1,060	Do.
16 „	4 „	1,420	Do.
17 „	4 „	17,700	Do.
18 „	4 „	5,400	Do.
19 „	4½ „	155,000	Positive in 3 tubes in 1/1000th c.c.
20 „	4½ „	5,800	Positive in 3 tubes in 1/10th c.c.
21 „	4 „	113,000	Positive in 3 tubes in 1/100th c.c.
22 „	4 „	212,000	Do.
23 „	28 „	286,000	Positive in 3 tubes in 1/1000th c.c.
24 „	26 „	386,000	Do.
25 „	26 „	235,000	Do.
26 „	29 „	725,000	Do.
27 „	28 „	248,000	Positive in 3 tubes in 1/100th c.c.
28 „	28 „	3,000	Do.
29 „	52 „	3,760,000	Positive in 3 tubes in 1/1000th c.c.
30 „	28 „	3,400,000	Do.
31 „	28 „	3,400,000	Do.
32 „	7½ „	59,000	Do.
33 „	9 „	3,600	Positive only in 1 of 3 tubes in 1/100th c.c.
34 „	7½ „	16,500	Positive in 3 tubes in 1/100th c.c.
35 „	8½ „	55,000	Positive in 3 tubes in 1/1000th c.c.
36 „	8½ „	250,000	Positive in 3 tubes in 1/1000th c.c.
37 „	8½ „	9,200	Do.
38 „	7½ „	2,400	Do.
39 „	5½ „	83,000	Do.
40 „	4½ „	135,000	Positive in 3 tubes in 1/10,000th c.c.
41 „	4½ „	19,000	Positive in 3 tubes in 1/1000th c.c.

Artificial Cream Act, 1929.—The only persons in the Borough manufacturing or selling Artificial Cream are exempt from the provisions of Section 2 (1) of the above Act requiring registration.

Public Health (Preservatives in Food) Regulations, 1927.—142 samples of Milk, and 66 samples of Provisions, were examined for excess of preservatives or the presence of prohibited preservatives, and except in the case of one sample of Sausage, all were found to comply with the Regulations.

Inspection of Meat and other Foods.—The total number of beef and veal animals inspected at the time of slaughter or immediately afterwards was 6,210, which is about 90 per cent. of the total beef and veal animals slaughtered in the Borough.

There were 166 cases of emergency slaughter, involving 37 cows, 2 bulls, 12 bullocks, 10 heifers, 9 calves, 26 sheep, 1 lamb and 69 pigs, notified for inspection, and as a result of these inspections the carcasses and all organs of 8 cows, 2 bullocks, 3 heifers, 3 calves, 12 sheep, 1 lamb and 29 pigs, and portions only of the carcasses of 23 cows, 2 bulls, 4 bullocks, 3 heifers, 2 sheep, 6 pigs and 3 calves were condemned and destroyed.

Of the above cases 37 animals were killed and dressed outside the Borough and 129 in Slaughter-houses in the Borough.

The total weight of food condemned and destroyed during the year was 15 tons, 6 cwts., 1 stone, 9½ lbs., of which 9 tons, 0 cwts., 7 stone, 1½ lbs. were on account of tuberculosis.

The whole of the food condemned was voluntarily surrendered by the owners and destroyed, with the exception of a small pig. This was seized and a Justice's Order obtained for condemnation. This course was taken in order to avoid complications afterwards, and it in no-wise reflected anything of an adverse nature so far as the butcher was concerned.

The following is a brief Summary of all Food condemned during the year:—

Details of Whole Carcasses Condemned and Destroyed.

					Tons	Cwts.	Sts.	Lbs.
1 Bull	...	Generalised Tuberculosis	...	...	—	4	6	—
17 Cows	...	„	„	...	4	3	4	—
2 Bullocks	...	„	„	...	—	9	4	—
5 Heifers	...	„	„	...	1	—	—	—
2 Calves	...	„	„	...	—	3	6	—
9 Pigs	...	„	„	...	—	12	5	7
1 Bull	...	Tuberculosis with emaciation...	...	...	—	3	1	—
1 Bullock	...	Tuberculosis with Perforative Peritonitis	...	...	—	2	2	—
1 Cow	...	Septicæmia	...	...	—	5	—	—
2 Pigs	...	„	...	...	—	1	3	—
1 Cow	...	Pyæmia	...	...	—	4	3	—
1 Cow	...	Oedema and Emaciation due to Uterine Angioma	...	...	—	3	6	—
1 Cow	...	Septic Metritis	...	...	—	4	—	—
1 Cow	...	Emaciation due to Johnnes Disease	...	...	—	4	—	—
1 Bullock	...	Gastro Enteritis with Hæmorrhagic Septicæmia	...	...	—	3	—	—
1 Bullock	...	Decomposition	...	...	—	4	6	—
1 Heifer	...	Jaundice	...	...	—	2	6	—
7 Pigs	...	„	...	...	—	5	4	—
1 Heifer	...	Septic Metritis and Peritonitis...	...	...	—	3	6	—
1 Calf	...	Immaturity	...	...	—	—	4	—
1 Calf	...	Joint Ill	...	...	—	1	2	—
1 Calf	...	Oedema	...	...	—	1	—	—
5 Sheep	...	Oedema and Emaciation	...	...	—	3	—	7
2 Lambs	...	„	„	...	—	—	4	7
3 Sheep	...	Defective Bleeding	...	...	—	1	3	7
1 Pig	...	„	„	...	—	2	2	—
11 Pigs	...	Swine Fever	...	...	—	9	5	—
5 Pigs	...	Febrile Conditions	...	...	—	3	1	—
1 Pig	...	Pyrexia and Moribund Condition	...	...	—	—	4	—
1 Pig	...	Asphyxia	...	...	—	1	—	—
6 Pigs	...	Moribund Conditions and Natural Death	...	...	—	8	6	—
9 Sheep	...	„	„	...	—	7	2	9
1 Lamb	...	„	„	...	—	—	4	—
1 Sheep	...	Caseous Lymphadenitis	...	...	—	—	6	—
(English)								
Total					11	3	3	9

Summary.

					Tons	Cwts.	Sts.	Lbs.
105	Carcasses and all Organs	...	...	...	11	3	3	9
227	Lungs	...	...	...	1	9	6	8½
336	Livers	...	...	...	1	1	5	2
	Heads and Tongues	...	...	...	—	8	2	—
	Plucks	...	...	...	—	—	3	13
	Hearts	...	...	...	—	—	1	10
	Stomachs and Intestines	...	...	...	—	5	7	1
	Briskets	...	...	...	—	—	7	9
	Mesenteries	...	...	...	—	1	5	1½
	Kidneys	...	...	...	—	—	3	8½
	Udders	...	...	...	—	2	5	8
	Portions and Trimmings	...	...	...	—	7	—	12
	Rabbits	...	...	...	—	—	6	4
	Hams	...	...	...	—	—	2	3½
	Fruit and Vegetables	...	...	...	—	1	4	—
	Canned Food...	...	...	...	—	1	—	3½
Total					15	6	1	9½

Caseous Lymphadenitis.—Eight notifications were received, from the Medical Officer of Health for the Port of London, giving particulars of Sheep and Lambs arriving in the town from Foreign Countries and not inspected at the Port of Arrival.

The number involved was 720. These were all examined before leaving the Cold Store to which they were consigned, and no instances of disease were found.

Slaughterhouses.—At the commencement of the year 40 private slaughterhouses were in use in the Borough. A Public Slaughterhouse was opened on the 23rd November, 1931, and the Licences of 21 private slaughterhouses were rescinded. In consequence 52 Butchers are now using the Public Slaughterhouse. Nineteen private slaughterhouses are still in use in the Borough.

One slaughterhouse outside the Borough is used by several Butchers having businesses in the Borough. This is regularly inspected by our Inspectors by courtesy of the Inspector of the Darlington Rural District.

Public Slaughterhouse.—Is situated at the extreme North-East of the Bank Top Cattle Market, and consists of 4 separate blocks. The central block is used for the hanging of all carcasses.

The slaughterhouses and hunger pens for cattle and sheep are situated to the South of the hanging room, and the slaughterhouse and pens for pigs are to the North of the hanging room.

A system of overhead rails and switches is used in connection with the removal of the carcasses from the slaughterhouses to the hanging room. A detention room is provided for carcasses suspected of disease, and a Condemned Meat Room adjoins the former. A plentiful supply of hot and cold water is laid on to all parts.

Two Sehermer Pens each are provided for use in slaughtering cattle and pigs respectively, and ample space is allowed for the killing of beasts by the Jewish Method if required. All animals are effectually stunned by Captive Bolt Pistols prior to bleeding. Up to the present no animal has been killed by the Jewish Method in this slaughterhouse.

A Tripery, Guttery, Hide Depository, Messroom and Fat Rendering facilities are also provided, together with an Office for the use of the Superintendent and Officials generally. Ample lavatory accommodation is provided, and space is available for further extensions when deemed necessary or expedient.

All the meat is systematically inspected by qualified Meat Inspectors prior to leaving the premises.

5,696 Inspections were made in connection with the private slaughterhouses and the abattoir.

Public Health (Meat) Regulations, 1931.—No breach of these Regulations has occurred during 1931.

Darlington Corporation Act, 1930.—Section 160, Ice Cream.

The above Statute came into force during the latter part of 1930, and was made full use of during 1931.

Fifty-seven persons were registered in connection with fifty-seven premises for the manufacture and vending of ice-cream, and thirteen persons were registered as vendors only.

Four applications from persons residing outside the Borough were refused registration as manufacturers and vendors of ice-cream within the Borough, their premises not being considered

suitable for the purpose. In each of these cases the premises were visited by the Medical Officer of Health and myself.

Prior to registration as manufacturers, each applicant's premises were visited, and where not suitable, registration was refused, or the applicants withdrew their applications and re-applied for registration as vendors only, the ice-cream being bought from registered premises.

Three hundred and seventeen visits of inspection were made of all these premises.

There were five breaches of the Act committed by persons storing and selling ice-cream within the Borough whilst un-registered. Letters of warning were written to the offenders in each case.

Shops Acts, 1912-13, and Shops (Early Closing) Act, 1920-1928.—There are still 2 Compulsory Orders in operation affecting respectively shops in which is carried on the Sale of Meat, and shops in which is carried on the Sale of Fruit, Vegetables and Flowers, and 3 Orders under the Shop Hours Act, 1904, affecting Chemists and Druggists, Hairdressers and Barbers, and Boot and Shoe Dealers.

During the year there have been several contraventions of the above Acts and Orders, and personal warnings were given to the offenders.

The Hairdressers and Barbers Shops (Sunday Closing) Act, 1930, came into force on the 1st January, 1931. From observations made no contraventions were found.

Fertilisers and Feeding Stuffs Act, 1926.—All the premises whereon Fertilisers and Feeding Stuffs are dealt with have been inspected and the Statutory statements examined. No contravention was found.

A circular letter explaining the object of the Act, including the fees, was sent to each Farmer and Cowkeeper within the Borough, but no request for sampling was made.

The fees to be charged for the services of the Sampling Officer have been fixed as follows:—

	s.	d.
For quantities not exceeding 1 ton	1	0
For quantities exceeding 1 ton, but not exceeding 2 tons...	1	6
For quantities exceeding 2 tons, but not exceeding 4 tons...	2	6
For quantities exceeding 4 tons	1	0
	per ton.	

Merchandise Marks Acts, 1887-1926.—The Orders under the 1926 Act relating to the marking of certain Imported Goods have received attention, and much time has been expended upon explanatory advice to shopkeepers. Generally speaking the Orders are being observed satisfactorily.

Three shops were found to have contravened Section 2 of the 1887 Act by labelling Bacon of Polish and Swedish origin as Danish. For technical reasons no proceedings were taken. Letters of warnings were sent and the practice was stopped.

Rats and Mice (Destruction) Act, 1919.

The total number of rats killed by the Rat Catcher during the year was 1,229, but these figures do not include the rats that were poisoned.

The following are the principal places at which the rats have been destroyed:—

Neasham Road Tip	...	...	...	171
Snipe Tip	...	...	...	754
North Road Tip	...	...	...	166
Grange Road Tip	...	...	...	12
Sundry Premises	...	...	...	126
				<hr/>
				1,229

Fifteen Informal Notices were served and complied with.

Infectious Diseases.—The following are particulars of the fumigation of houses and other buildings, and the disinfection of bedding, clothing, etc.

	Fumigations.				Lots of Bedding and Clothing Disinfected.
	Hos- pitals.	Houses	Schools and other Buildings.	Rooms.	
Infectious Disease other than Tuber- culosis, Cancer, etc.	2	286	1	298	280
Tuberculosis ...	—	63	4	74	29
Cancer ...	—	8	—	9	10
Measles, etc. ...	1	13	—	29	17
Totals ...	3	370	5	410	336

Common Lodging-Houses.—There are 3 Common Lodging-houses on the Register, with accommodation for 360 lodgers, one having been removed from the Register at the request of the person registered.

The lodging-houses are regularly and frequently inspected, and the same are kept in a satisfactory condition.

I trust this report will be entirely satisfactory to you, and in conclusion I wish to tender my sincere thanks to yourself for the help you have always so willingly given and to the whole of the staff of this Department, who have at all times given their best services willingly and conscientiously.

I am,

Yours respectfully,

ALBERT EDW. WADE,

Senior Sanitary Inspector.

July, 1932.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Notifiable Infectious Diseases.

In addition to the usual notifiable infectious diseases in Darlington, both Measles and Whooping Cough have been notifiable for some time. The year has been remarkably free from all of these.

The Fever Hospital (150 beds) at Hunden's Lane, is used for all types of infection, including pneumonia and tuberculosis, and at times as many as fifteen different diseases are under treatment from the town and the ten surrounding Authorities with whom we have agreements. The public have been urged during our propaganda to realise that Measles and Whooping Cough are our two most serious infections, and attempts are being made to relieve the beds once occupied by scarlet fever patients so that more Measles and Whooping Cough cases may be admitted. Thorough cleansing of the home rather than disinfection is now pressed for.

Smallpox.

The town was clear of infection so that there was no necessity to introduce the provisions of the Public Health (Smallpox Prevention) Regulations, 1917. Less than 20% of the children have been vaccinated during the year, and should a case of Smallpox gain access to the town the opportunities of spread of infection are manifold.

Vaccination.

The following Returns of Vaccination for 1931 have been kindly provided by Mr. J. O. Tomlin, Vaccination Officer:—

Number of Births Registered	...	...	1,105
Certificates of successful vaccinations	...	...	213
„ conscientious objection	...	...	842
„ Insusceptibility	...	...	3
Died unvaccinated under 1 year	...	...	55

Chickenpox.

This is still notifiable in order to check possible errors of the diagnosis of Smallpox. Five hundred and seventeen cases were followed up by a member of the Health Staff in order to ensure isolation and quarantine.

Scarlet Fever.

The type remained mild and of low incidence, there being 219 cases with one death, 203 having been admitted to Hospital. Anti-Scarlet Fever serum is given to the very toxic cases in the early stages, and this has considerably reduced the incidence of serious complications and stay in Hospital. The principal complications were Rheumatism 24, Albuminuria 17, Otorrhœa 14, Rhinorrhœa 19, Adenitis 19, Mastoid 1, Pneumonia 1. It was necessary to call in a Consulting Surgeon on three occasions for major surgery or consultation. Fifteen minor operations were carried out by our own staff.

Convalescent patients are given artificial sunlight treatment in winter and natural sun in the summer. Full courses of at least 6 graduated exposures (2, 4, 8, 16, 20, 30 minutes) were given to 84 patients. The most marked improvement was in the general mental outlook of the patient. The peevish fretful child, after the first dose became quite bright and cheerful and joined at once in the happiness and good nature of the Ward. Increase of weight, more restful sleep, and better appetites were also evident in every case, detailed records being kept by the staff in every case. The duration of stay in Hospital averaged 40 days.

The Dick Test is not adopted in the town except among the staff at the Hospital.

Diphtheria.

All the 65 cases notified were removed to Hospital. Three died from toxæmia and laryngeal obstruction, mainly owing to lack of adequate early treatment. We are now evidently in the trough of our seven yearly wave of incidence, as the present year's figures show that we are in a high degree of immunity. This is to be expected from the heavy incidence we had in 1928-29.

Serum provided for home treatment of early suspects in order to ensure reduced mortality while awaiting bacteriological reports, amounted to 120,000 units.

The Schick Test is not generally adopted in the town except among the staff at the Hospital.

Enteric Fever.

Four cases of Paratyphoid B. fever, verified by Widal reactions, were admitted to the Hospital. They were mild, and all recovered without complication. The source was traced to a carrier who has contracted typhoid fever during the war, and had recently suffered from diarrhœa, disseminating the germs which had lain dormant.

Puerperal Fever.

Eleven cases with 4 deaths were notified and investigated, and appropriate steps taken to safeguard other patients. Six were admitted to the Fever Hospital, and of these two died. Disciplinary measures were taken by the Central Midwives' Board in one case which has been already reported. The abortions noted in previous years have shown a marked reduction, as far as I can learn.

Puerperal Pyrexia.

Fourteen cases were notified and investigated. There were no deaths. The causes were Mastitis 6, Bronchitis 3, Influenza 5, all responding successfully to treatment.

Home nursing was provided where necessary, three fever cases requiring 51 visits, and four pyrexia cases 266 visits.

Ophthalmia Neonatorum.

All the eight cases notified were treated under our supervision, three in Hospital and five at home, with complete success in retaining perfect vision. The Queen's Nurses' Association paid 76 visits to 4 cases. There were no deaths. Severe cases are admitted to the General Hospital at a cost to the Authority of £3 3s. 0d. per week or to the Fever Hospital when necessary.

Pemphigus Neonatorum.

No cases of this disease came to the notice of the Medical Officer of Health, testifying to the high standard of general asepsis.

Diarrhoea under Two Years.

For some years now Darlington has had very low figures, mainly attributable to our Maternity and Child Welfare work and Clean Milk propaganda.

The deaths numbered five, a rate of 4.5 per 1,000 births.

Measles and German Measles.

The usual alternate year's outbreak of these diseases occurred in 1930, so that 1931 saw the town fairly well protected. During the months of November and December we had 484 cases with 4 deaths. Eleven severe cases from poor homes were admitted to the Fever Hospital, one death occurring. Convalescent serum, supplied by volunteers from the medical and nursing staff has been used with marked success, the technique being much simplified and hastened by using whole blood. The mortality is always highest among the children under five years of age, all four deaths occurring in that group.

Whooping Cough.

First cases of this disease occurring in any family are notifiable and accounted for 158 notifications. The deaths numbered 8. Parents now realise the seriousness of both Whooping Cough and Measles, and take much more care than formerly was the custom in isolation and treatment. Three cases were admitted to the Fever Hospital.

Pneumonia.

Influenzal and acute primary pneumonia, whether bronchial or lobar, was responsible for 172 notifications and 70 deaths, mainly in the first quarter of the year when influenza was prevalent. Sixteen were admitted to the Fever Hospital, and of these five died. There is a close relation between the incidence of pulmonary diseases and bad housing.

Cerebro-spinal Meningitis.

Many cases of this disease have been occurring in the North during the latter half of the year, but Darlington has only had one case, which fortunately recovered completely. The Hospital has received several cases from Catterick Camp, and infection from that source was probably responsible for that one case, who had been delivering milk to the troops.

Acute Encephalitis Lethargica.

This distressing disease with chronic sequelæ was notified in two instances, and there were also two deaths of cases who had been notified over three years ago.

Other Diseases.

There were no cases of Acute Anterior Poliomyelitis, Polioencephalitis, Malaria, Dysentery, Rabies or Anthrax.

Summary of Work at the Infectious Diseases Hospital.

	Borough Cases.	Others.	Total Cases.	Deaths.
1st Quarter	... 89	23	112	8
2nd ,,	... 66	28	94	7
3rd ,,	... 68	11	79	5
4th ,,	... 102	20	122	2
	<hr/>	<hr/>	<hr/>	<hr/>
Total	... 325	82	407	22

Operations performed:—

Mastoidectomy 1 ; Tracheotomy 2 ; Incision of Glands 15 ; Lumbar Puncture 45.

Artificial Sunlight Treatment.

Ninety-nine patients, 755 exposures.

Staff Illness.

The Nursing Staff remained fairly healthy throughout the year, one Sister who contracted Erythema Nodosum, a rheumatic complaint, was off nine weeks. Three Nurses had Influenza and one Scarlet Fever of mild form. The Domestic Staff suffered as follows:—three, Tonsillitis, two, Influenza, one, Scarlet Fever, one, Diphtheria.

State Registration Examination.

The Hospital being recognised as a Training School, is required to provide the necessary lectures and tutoring under the supervision of the General Nursing Council. The Medical Officer of Health gave 30 lectures, and the Sister Tutor followed on with practical work.

Cases from other Local Authorities.

In addition to the nine Authorities who have agreements with us for the use of the Hospital as mentioned in last year's Report, Bedale Rural District Council is now included.

Cancer.

As mentioned in last year's Report Darlington is represented on the Northern Council of the British Empire Cancer Campaign and will partake of the facilities provided at the Radium Institute set up in the Royal Victoria Infirmary, Newcastle-upon-Tyne, in addition to the help available in the local General Hospital.

The mortality from Cancer in Darlington has always been below that of the country as a whole, the figures for 1931 being 1.14 per 1,000 population and 1.45 for England and Wales. A table is appended of organs and age-groups involved. The general practitioners have been advised of the facilities for diagnosis and treatment, and leaflets have been distributed to influential public bodies and associations.

CLEANSING AND DISINFECTION OF VERMINOUS PERSONS, &c.

The general standard of cleanliness is very much improved since the introduction of practical school hygiene into the curriculum. It is very rare for occasion to arise to take strong measures as the visit of the Health Visitor, followed by that of the Sanitary Inspector, is sufficient to rouse the conscience.

The disinfection of houses after infectious disease is a matter which is now not pressed in the old-fashioned way. Rather, the importance of thorough cleansing with soap and

water is emphasised, the bedding and clothing being removed for steam disinfection at the Infectious Diseases Hospital in the Ambulance with the patient.

Control of rats and insect pests is kept up systematically throughout the year by supervision of tips, water courses, waste land and such haunts.

VENEREAL DISEASES.

No change has taken place in the Scheme since last year. The Clinic at the General Hospital is staffed by Dr. McFarlane, Deputy Medical Officer of Health and Venereal Diseases Officer, a full-time Orderly and a part-time Nurse from the Hospital Staff. The wooden building is unsatisfactory, but it is hoped that new quarters will be shortly available, as greater demands will in future be made on this specialist service. Very few general practitioners can afford the time or have sufficient experience to treat these cases adequately, and in addition our ascertainment of infected families by our maternity and school services is now much more complete. The Clinic also serves Durham and North Riding patients. Two beds are provided in the Hospital for intern treatment.

Laboratory work is done at the Clinic and the Armstrong College.

Pathological examinations made in the University of Durham College of Medicine, Public Health Laboratory, Newcastle-upon-Tyne, during the year ending on the 31st December, 1931, relating to persons residing in the County Borough of Darlington:—

Nature of Test	Number of Tests
For detection of spirochetes ...	For Treatment Centre... —
	For Practitioners ... —
For detection of gonococci ...	For Treatment Centre... —
	For Practitioners ... 1
For Wassermann reaction ...	For Treatment Centre... 281
	For Practitioners ... 62
Gonococcal Complement	
Fixation Tests ...	...For Treatment Centre... 12
C.S. Fluid for the Wassermann	
Reaction ...	...For Practitioners ... 1
Total ...	357

No action was taken under the Venereal Disease Act in public prosecutions, but "follow-up" arrangements have had a very salutary effect in tracing sources of infection and enforcing treatment.

There is a local branch of the British Social Hygiene Council, of which the Medical Officer of Health is Honorary Secretary.

The Clinie is open for women and children Monday, Tuesday, and Friday, 2 p.m., and for men, Tuesday and Friday, 5-30 p.m., also by special appointment for treatment and irrigation.

Number of Darlington County Borough Out-patients attending Clinic for first time.

	Syphilis.		Gonorrhœa.		Soft Chancre.		Other Cases.		Total.		Total.	Attendances
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
1920	65	42	55	14	2	—	8	5	130	61	191	1,795
1921	47	27	24	5	—	—	9	—	80	32	112	1,234
1922	36	22	17	12	3	1	13	12	69	47	116	1,816
1923	16	22	36	19	—	5	18	12	70	58	128	4,288
1924	25	13	49	36	3	1	24	40	101	90	191	4,433
1925	32	26	54	30	3	2	24	26	113	84	197	4,207
1926	31	27	70	25	1	1	52	29	154	82	236	6,955
1927	24	30	78	39	1	—	26	15	129	84	213	7,856
1928	33	33	118	57	4	—	44	48	199	138	337	11,388
1929	27	20	67	31	5	—	32	42	131	93	224	12,774
1930	14	26	58	17	1	—	50	45	123	88	211	10,765
1931	28	16	63	22	2	—	35	54	128	92	220	11,725

Dr. McFarlane makes the following comment:—During the year 1931 the number of new cases from the Borough attending was 220, and of these 131 were found to be suffering from Venereal Disease.

	Gonorrhœa.		Syphilis.						Soft Chancre.
			Primary.		Secondary.		Late.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.
Adults ...	64	20	11	2	4	7	9	6	2
Children	—	1	—	—	—	—	4	1	—

There was an increase in the incidence of Venereal Disease, both in Gonorrhœa and in Syphilis. Rather a disturbing feature was the increase in cases of early Syphilis, which numbered 24, as compared with 14 in 1930.

The attendances at the Clinic were on the whole satisfactory. The problem of the defaulter, however, calls for consideration. Amongst the Borough cases of Syphilis attending, 10% defaulted during the year, and failed to return to continue treatment in spite of repeated "reminders." 18% of Gonorrhœa cases also defaulted. Of the Syphilis defaulters 45% were suffering from early Syphilis, and had not completed one course of treatment. All the cases except one were females under the age of 30 years. When it is remembered that these females can only procreate children suffering from congenital syphilis, the serious consequences of defaulting will be more fully realised. Over 50% of the defaulters suffering from Gonorrhœa were early cases, who were in an extremely infectious condition, and were a source of danger to themselves and others. The whole situation is an iniquitous one, and cannot be altered until the Local Authority is given power to deal with the defaulters suffering from infectious Venereal Disease.

The proportion of infected persons who apply for treatment is considerably less amongst females than amongst males, and this is particularly true with regard to Gonorrhœa.

As has been mentioned in previous Reports the need for more suitable premises is becoming urgent. It is impossible to carry out treatment satisfactorily under the handicap of limited facilities.

Summary of Work at Darlington Treatment Centre.

New Cases.				Darlington.	Co. Durham.	N.R. Yorks.	Total.
Syphilis ...	...	...	...	44	7	11	62
Soft Chancre ...	...	...	...	2	—	—	2
Gonorrhœa ...	...	...	...	85	28	18	131
Conditions other than Venereal				89	31	8	128
Total ...				220	66	37	323
Total number of attendances ...				11,725	1,875	1,689	15,289
In-Patient Days ...				78	—	16	94
Total Doses of Arsenobenzene							
Compounds given ...	...	...	...	647	165	247	1,059

TUBERCULOSIS.

The Scheme has not been altered since last year, Durham County Council Staff carrying out the Clinical Dispensary and Sanatorium work. The Dispensary is held on Mondays and Fridays at the Health Office. The Medical Officer of Health is also Honorary Secretary of the Tuberculosis Care Committee, so that close co-ordination is maintained in all the services.

Advanced cases in overcrowded homes are removed to the Municipal Hospital, but special accommodation has been opened at our Infectious Diseases Hospital, as there is much unwillingness on the part of patients to enter the Poor Law Institution. The housing of our tuberculous families is also another matter for improvement.

There were 91 deaths from Tuberculosis during 1931, compared with 77 last year.

				Males.		Females.		Total.
Tuberculosis of the Respiratory								
System	...	...	...	35	...	40	...	75
Other Tuberculous Diseases	...			14	...	2	...	16

New Cases and Mortality during 1931.

Age-Periods.			New Cases.				Deaths.			
			Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
			M.	F.	M.	F.	M.	F.	M.	F.
0—	...	...	—	—	2	—	—	—	2	—
1—	...	...	—	—	7	3	—	—	2	—
5—	...	...	4	2	9	10	—	1	1	1
10—	...	...	—	1	5	2	—	—	1	—
15—	...	...	5	7	3	1	2	14	1	—
20—	...	...	10	6	—	2	5	2	1	—
25—	...	...	15	9	—	1	9	11	1	—
35—	...	...	12	7	—	1	6	4	1	1
45—	...	...	13	5	—	2	7	4	2	—
55—	...	...	4	4	1	1	3	4	1	—
65 and upwards	...		1	—	—	—	3	—	1	—
Totals	...		64	41	27	23	35	40	14	2

Of the above 91 deaths, 14 were cases which came to the knowledge of the Medical Officer of Health otherwise than by notification under the Regulations.

PUBLIC HEALTH (Prevention of Tuberculosis) REGULATIONS, 1925, and PUBLIC HEALTH ACT, 1925 (Section 62).

No compulsory action has been taken, as informal pressure was in all cases sufficient to attain our ends.

Summary of the Year's Work.

Total Darlington patients in Institutions, 115. Of these 30 had been in more than one year.

Number of days' treatment in 1931 14,585

Patients attending Dispensary	595	} About 85% Darlington Residents.
Total attendances	2,364	

Health Visitors.—First visits, 136 ; re-visits 2,037

Total visits 2,173

Visits and Dressings by Queen's Nurses.—596 to 34 patients.

During the year 37 X-Ray examinations were carried out.
Ultra-Violet Ray Therapy Treatment was given to 62 patients.

SANATORIA AND HOSPITALS USED.

	Patients.		Total.	Days' Treatment
	M.	F.		
Tindale Crescent	—	5	5	689
Darlington General Hospital	3	4	7	620
Darlington Municipal Hospital	3	6	9	505
Darlington Fever Hospital	—	5	5	180
Whickham Hospital	—	1	1	214
Hollywood Hall Sanatorium	46	—	46	5,969
Helmington Row Sanatorium... ..	6	—	6	799
Seaham Hall Sanatorium	—	8	8	1,173
Earl's House Sanatorium	5	—	5	1,201
Bleneathra Sanatorium	—	12	12	1,458
Stannington Sanatorium	1	3	4	657
Sunderland Sanatorium	—	6	6	1,111
Royal Victoria Infirmary	1	—	1	9
Total	65	50	115	14,585

Four Shelters were erected for the use of patients residing in the Borough during the year, and 7 were in use on the 1st of January, 1932.

NOTIFICATIONS OF TUBERCULOSIS (Pulmonary and Non-Pulmonary) and DEATHS.

<i>Year.</i>	<i>Pulmonary.</i>		<i>Non-Pulmonary.</i>	
	<i>Notified.</i>	<i>Deaths.</i>	<i>Notified.</i>	<i>Deaths.</i>
1920	151	61	55	22
1921	124	66	32	17
1922	111	71	47	20
1923	135	69	80	15
1924	119	62	65	21
1925	134	58	56	24
1926	111	59	76	16
1927	119	68	59	19
1928	101	58	63	27
1929	102	63	54	14
1930	106	67	65	10
1931	105	75	50	16

Number of cases of Tuberculosis remaining on the Registers of Notifications.

PULMONARY			NON-PULMONARY			TOTAL CASES
Males	Females	Total	Males	Females	Total	
198	138	336	136	150	286	622

REMOVALS FROM REGISTER OF NOTIFICATIONS.

		Pulmonary.			Non-Pulmonary.			Total Cases.
		M.	F.	Total.	M.	F.	Total.	
Withdrawn	...	6	—	6	1	2	3	9
Recovery	...	1	1	2	1	2	3	5
Deaths	...	34	44	78	10	5	15	93
Left District	...	6	6	12	2	1	3	15

VOLUNTARY CARE COMMITTEE.

The social work carried out by this Committee increases in importance year by year, in furthering the welfare of afflicted families by providing advice, better housing, and additional clothing, nourishment or financial help.

Since 1919, 548 cases have been dealt with, and during the present year 40 new applications were entertained.

It is regrettable that so much of this help of a material form in eggs, milk, butter, meat, is rendered of less effect by the poor housing in which the families are financially obliged to live, or to which the patients must return when convalescent from sanatoria. I have always held the opinion that the direct tuberculosis schemes have not attained the success that was anticipated, but that our maternity and child welfare and school medical services, with their better teaching of health ideals early, and open-air schools for the delicate, are much sounder financial propositions.

The removal of our early tuberculous cases to employment in a colony, as has been so successfully done at Papworth and Preston Hall, where treatment is combined with suitable work, is the ideal but too expensive scheme. The next best is the re-housing and supervision of the infected families, if necessary by subsidy from the rates in order to try to stop the passing of infection from parent to child. The most infectious cases in the last stages should be removed to the Infectious Diseases Hospital. It is estimated that a 16-bed pavilion would be a very useful addition to our present Fever Hospital accommodation for this purpose.

HEALTH EDUCATION. PROPAGANDA.

This ever-growing side of the Public Health Department is interwoven in all the daily routine. It often means the difficult task of teaching people who are very unwilling to improve their conditions. The visit of the Health Visitor, the Sanitary Inspector and the School Nurse is as much educational as the work of the School Teacher in the School, though the lessons are not sought. The good name of the town is largely due to the work of these people in producing such a high standard of citizenship.

Lectures have been given by members of the Staff to representative organisations in the town, the Women's Guilds, the Men's Guilds, the political organisations, the British Legion, the British Undertakers' Association, the Rotary Club, Church Meetings, College of Nursing, Midwives' Institute, Trades Council. Posters, leaflets, Press articles and the monthly "Better Health" Magazine have been circulated with a view to rousing the health conscience of the citizens.

Intensive propaganda was a feature of the year's work in the Health Week Celebrations during the first week of December.

By the co-operation of the British Social Hygiene Council, the Health and Cleanliness Council, and the Dental Board, with the local department, every School was visited, including the Secondary Schools, the Special Schools, and the Training College for Teachers. Lectures were given by Mrs. Turnbull, of the Dental Board, by the Medical Officer of Health and other members of the Staff, to the scholars and parents at the afternoon and evening sessions. To add to the attractions the following films were shown:—

"The Irresponsibles."

"The Gift of Life."

"Deferred Payment."

"Public Health Twins."

"Your Mouth."

"Don't wait till it hurts."

"Outposts of Health."

In all there were 17 meetings held in the course of the week, attended by 3,700, and I am indebted to the Chairmen, the Head Teachers, and all the others who gave up their time to make the occasion so successful.

During the week the opportunity was taken to open the new Centre for Maternity and Child Welfare work at Haughton. The chair was taken by Mrs. Lloyd Pease, who has done so much in the past for social progress in the town, and the opening was graciously performed by the Deputy Mayoress, Miss Heslop. Alderman Fisher, Chairman of the Health Committee, and Alderman Best proposed the vote of thanks to all who had assisted. Afterwards a film display of the propaganda was given to the villagers. Tea was provided by the Women's Voluntary Committee.

The Baby Day Celebrations have already been mentioned.

BIRTH CONTROL.

I have been approached on several occasions by persons requesting the teaching of information on birth control, so that the population of the poverty-stricken section of the community, which is most rapidly growing, should be reduced in future.

The Official Circular which we had from the Ministry of Health on the subject is quite clear. Contraceptive methods may be taught by Medical Officers of Centres only to individual women in whose cases future pregnancies would be definitely dangerous to health. That is purely on health grounds, and not economic considerations which seem to be at the back of the demands which I have heard.

Darlington with a birth rate of 15·3 per thousand, compared with 20 to 24 for surrounding County Boroughs, is evidently already well informed on the subject. Steps have been taken at all public meetings of women to emphasise the seriousness of the high maternal mortality recently experienced. One cannot help feeling that there is a certain association between the low birth rate and these high figures.

CANCER.

Leaflets have been prepared and circulated through the Centres pointing out the facilities for early treatment, and how the old dread of the disease can be in a great measure overcome by the exercise of simple precautions in the early stages. Special investigations are made in all cases coming to the knowledge of the Medical Officer of Health, so that all steps may be taken to ensure early diagnosis and subsequent radium treatment, either at the local General Hospital or at the Royal Victoria Infirmary, Newcastle-on-Tyne, which is the recognised Centre for the North.

STATISTICAL TABLES.

BIRTH-RATE, DEATH-RATE and ANALYSIS of MORTALITY during the Year 1931.

Registrar-General's Provisional figures.

(The mortality rates for England and Wales refer to the whole population, but for London and the Towns to civilians only).

	ANNUAL DEATH-RATE PER 1,000 POPULATION.										RATE PER 1,000 LIVE BIRTHS.		PERCENTAGE OF TOTAL DEATHS.						
	RATE per 1,000 TOTAL POPULATION.		All Causes.		Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis (under 2 years).	Total Deaths under One Year.	Certified by Registered Medical Practitioners.	Inquest Cases.	Certified by Coroner after P.M.	No Inquest.	Uncertified Causes of Death.
	Live Births.	Still Births.	Live Births.	Still Births.															
England and Wales	15.8	0.67	12.3	0.01	0.00	0.08	0.01	0.06	0.07	0.33	0.54	6.0	66	91.18	6.17	1.70	0.95	0.95	0.95
107 County Boroughs and Great Towns, including London	16.0	0.67	12.3	0.00	0.00	0.10	0.01	0.07	0.08	0.33	0.43	8.4	71	91.43	5.84	2.24	0.49	0.49	0.49
159 Smaller Towns (1921 Adjusted Populations 20,000—50,000)	15.6	0.73	11.3	0.00	0.00	0.07	0.01	0.05	0.05	0.36	0.43	4.0	62	92.17	5.49	1.25	1.00	1.00	1.00
London	15.0	0.50	12.4	0.01	0.00	0.03	0.02	0.07	0.06	0.23	0.57	9.7	65	89.52	6.23	4.24	0.01	0.01	0.01
Durham County	19.6	0.40	12.1	0.01	0.00	0.25	0.02	0.05	0.05	0.36	0.39	6.0	85	—	96	2	—	3.8	—
DARLINGTON	15.3	1.00	12.5	0.00	0.00	0.05	0.03	0.11	0.04	0.56	0.32	4.5	73	91.86	3.41	1.10	3.8	3.83	3.83
MATERNAL MORTALITY														Others.		TOTAL.			
{ per 1,000 Live Births														2.45		4.11			
{ " " Total Births														2.35		3.45			
{ per 1,000 Live Births														6.20		9.80			
{ " " Total Births														5.90		9.80			
England and Wales														...		...
Darlington														...		...

COMPARATIVE FIGURES FROM REGISTRAR GENERAL'S REPORT FOR NEIGHBOURING TOWNS, 1931.

TOWNS.	Estimated Resident Population Mid. 1931.	Live Births.	Still-Births.	Deaths (excluding Still-Births).	Deaths of Infants under 1 year of age.	Rate per 1,000 Living.		Death-rate per 1,000 living.					Death-rate per 1,000 Live Births.	
						Live Births.	Deaths (excluding Still-Births).	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Diarrhoea and Enteritis (under 2 years).	Infants under 1 year.
Middlesbrough C.B. ...	138,900	2,968	135	1,954	297	21.4	14.1	0.24	0.01	0.04	0.02	0.39	6.7	100
Stockton-on-Tees ...	68,400	1,363	43	856	108	19.9	12.5	0.15	0.01	0.15	0.01	0.41	5.1	79
West Hartlepool C.B....	68,730	1,417	54	973	136	20.6	14.2	0.36	—	0.28	0.03	0.61	5.6	96
Sunderland C.B. ...	187,600	4,087	171	2,701	405	21.8	14.4	0.58	0.01	0.14	0.06	0.42	12.7	99
South Shields C.B. ...	114,200	2,362	90	1,787	272	20.7	15.6	0.39	—	0.23	0.02	0.60	6.4	115
Gateshead C.B. ...	123,700	2,481	118	1,711	251	20.1	13.8	0.32	0.05	0.13	0.01	0.47	10.5	101
Newcastle-on-Tyne C.B.	284,400	5,056	204	3,813	467	17.8	13.4	0.45	0.02	0.20	0.02	0.29	9.3	92
Tynemouth C.B. ...	64,790	1,311	67	816	102	20.2	12.6	0.28	—	0.03	0.05	0.26	9.9	78
DARLINGTON C.B....	72,750	1,116	73	908	81	15.3	12.5	0.05	0.03	0.11	0.04	0.56	4.5	73

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN DARLINGTON, 1931.
(Figures Supplied by the Registrar General).

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CAUSES OF DEATH.	Sex	All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—	Deaths in Darlington Institutions.	Darlington Deaths in Other Institutions.
All causes ...	M. F.	456 452	47 34	11 8	10 7	9 10	27 26	20 30	32 18	50 42	70 66	107 110	73 101		
Uncertified	M. F.	22 11	4 2	...	...	...	...	1 ...	...	...	8 2	6 2	3 2		
1. Typhoid and Paratyphoid Fevers	M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2. Measles	M. F.	3 1	1 ...	...	2...	...	...	...	...	...	...	...	...	...	...
3. Scarlet Fever	M. F.	1 1	...	...	1...	...	...	...	...	...	...	...	...	...	...
4. Whooping Cough	M. F.	1 3	...	1 ...	1 ...	1...	...	...	...	...	...	...	...	...	...
5. Diphtheria	M. F.	5 ...	2 ...	2 ...	1...	...	...	...	...	...	...	...	...	...	...
6. Influenza	M. F.	3 24	1 ...	...	2 ...	1 ...	3 ...	1 ...	3 ...	4 ...	2 ...	6 ...	3 6	...	...
7. Encephalitis Lethargica	M. F.	17 ...	...	...	...	...	...	1 ...	1 ...	1 ...	2 ...	6...	...	...	...
8. Cerebro-Spinal Fever...	M. F.	2 ...	...	...	...	...	...	1 ...	...	...	1...	...	...	...	...
9. Tuberculosis of Respiratory System	M. F.	37 41	...	...	...	...	7 16	9 11	6 5	8 4	3 4	4...	...	...	...
10. Other Tuberculous Diseases	M. F.	12 3	2 ...	...	2 ...	2 1	2 ...	1 ...	1 ...	1 ...	1...	...	...	...	...
11. Syphilis	M. F.	1 2	...	...	...	...	...	...	...	...	...	...	...	...	...
12. General Paralysis of the Insane, Tabes Dorsalis	M. F.	5 ...	2 ...	...	...	...	...	...	2 ...	2...	...	...	...	...	...
13. Cancer, Malignant Disease	M. F.	41 42	...	...	...	...	...	...	2 2	8 6	16 16	11 12	4 5	...	...
14. Diabetes	M. F.	4 5	...	...	...	...	1 ...	...	1 ...	...	1...	...	...	...	...
15. Cerebral Hemorrhage, etc.	M. F.	24 32	...	...	...	...	...	...	...	...	...	...	...	...	...

Included in No. 35

INFANT MORTALITY.

1931. NET DEATHS FROM STATED CAUSES AT VARIOUS
AGES UNDER ONE YEAR OF AGE.

CAUSES OF DEATH.				Under 1 Week	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 weeks.	4 Weeks—3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under 1 Year.
All causes	{ Certified	...	...	21	6	6	3	36	14	9	11	6	76
	{ Uncertified	...	...	3	...	...	1	4	1	1	...	...	6
{ Smallpox				...	...	...	...	...	...	...	...	...	...
{ Chickenpox				...	...	...	...	...	...	...	...	...	...
{ Measles				...	...	...	...	...	...	...	1	...	1
{ Scarlet Fever				...	...	...	...	...	...	...	...	...	...
{ Whooping Cough				...	...	1	...	1	...	1	...	...	2
{ Diphtheria and Croup				...	...	...	...	...	...	...	...	...	...
{ Erysipelas				...	...	...	...	...	...	...	...	...	...
{ Influenza				...	...	...	...	...	1	...	...	...	1
{ Tuberculous Meningitis				...	...	...	...	...	...	1	1	...	2
{ Abdominal Tuberculosis				...	...	...	...	...	...	...	...	...	...
{ Other Tuberculous Diseases				...	...	...	...	...	...	...	...	...	...
{ Meningitis (<i>not Tuberculous</i>)				...	...	...	...	...	...	...	...	...	...
{ Convulsions				...	...	...	1	1	2	...	1	...	4
{ Laryngitis				...	...	...	...	...	...	...	...	...	...
{ Bronchitis				...	...	...	...	...	2	...	1	1	4
{ Pneumonia (all forms)				...	2	1	...	3	1	2	6	4	16
{ Diarrhœa				...	...	...	...	...	...	...	...	...	...
{ Enteritis				...	...	...	...	...	1	...	...	...	1
{ Gastritis				...	...	...	...	...	...	...	...	...	...
{ Gastro-enteritis				...	...	...	...	...	2	...	1	...	3
{ Syphilis				...	...	...	...	...	...	2	...	...	2
{ Rickets				...	...	...	...	...	...	...	...	...	...
{ Suffocation, overlying				...	...	...	...	...	...	...	...	...	...
{ Injury at birth				...	...	...	...	...	...	...	...	...	...
{ Atelectasis				1	...	...	...	1	...	...	...	...	1
{ Congenital Malformations				4	...	...	...	4	1	2	...	...	7
{ Premature Birth				14	3	2	1	20	1	...	...	...	21
{ Atrophy, Debility and Marasmus				3	1	2	2	8	3	2	...	...	13
{ Other causes				2	...	...	...	2	1	...	...	1	4
Totals				24	6	6	4	40	15	10	11	6	82

Net Births in the year.—Legitimate, 1,054 ; illegitimate, 62.

Net Deaths in the year.—Legitimate Infants, 74 : males, 41 ; females, 33.

Illegitimate Infants, 8 : males, 6 ; females, 2.

DISEASE.	Under 1	1—	2—	3—	4—	5—	10—	15—	20—	35—	45—	65—	Total Cases Notified.	Total Deaths.	Cases Admitted to Isolation Hospital.	Deaths in Isolation Hospital.
Small-pox
Scarlet Fever	...	1	4	9 (1)	17	13	83	54	17	19	2	...	219	1	203	1
Diphtheria	...	1	2	3	(1)	2 (1)	16 (1)	12	11	17	1	...	65	3	65	3
Enteric Fever	1	...	2	...	1	...	...	4	...	3	...
Puerperal Fever	1	8 (4)	2	...	...	11	4	6	2
Puerperal Pyrexia	1	11	2	...	...	14	...	...	...
Pneumonia	...	16 (16)	16 (8)	9 (1)	6 (2)	9	29 (1)	6 (1)	16 (3)	16 (7)	23 (11)	17 (20)	172	70	16	5
Ophthalmia Neonatorum	...	8	...	...	...	...	...	...	...	...	...	...	8	...	...	...
Erysipelas...	...	1	...	...	...	...	1	4	9	12	21	4	52	...	7	...
Encephalitis Lethargica...	(1)	...	2 (1)	...	2	2	...	...
Measles & German Measles	30 (1)	37 (1)	40 (2)	59	72	216	19	5	6	...	...	...	484	4	11	1
Malaria
Chicken-pox	...	21	31	37	53	309	30	4	...	1	...	...	517	...	...	...
Acute Anterior Poliomy- elitis
Whooping Cough...	...	20 (2)	31 (3)	23 (1)	31	32 (1)	17 (1)	3	...	1	...	...	158	8	3	1
Cerebro Spinal Fever	1	...	...	...	...	1	...	1	...

The following table shows the number of cases of **Infectious Disease** notified each month during 1931.

	Cerebro Spinal Fever.	Smallpox.	Scarlet Fever.	Diphtheria and Membranous Croup.	Enteric Fever.	Pulmonary Tuberculosis.	Other forms of Tuberculosis.	Puerperal Fever.	Puerperal Pyrexia.	Erysipelas.	Ophthalmia. Neonatorum.	Measles and German Measles.	Acute Anterior Poliomyelitis.	Acute Encephalitis. Lethargica.	Acute Pneumonia.	Malaria.	Chicken-pox.	Whooping Cough.	Totals.
January	1	..	15	15	..	8	2	1	1	4	1	32	..	..	29	..	66	7	181
February	..	..	16	11	..	21	6	..	..	3	..	28	..	..	27	..	9	16	137
March	..	..	18	8	..	15	5	2	4	7	2	29	..	..	21	..	24	24	159
April	..	..	18	6	..	7	3	1	4	3	2	17	..	..	12	..	26	25	124
May	..	..	16	6	..	11	3	3	3	6	..	35	..	..	15	..	39	16	153
June	..	..	18	2	..	9	2	1	..	5	1	21	..	..	13	..	46	23	141
July	..	..	15	5	..	7	5	..	..	5	..	5	..	..	8	..	65	10	125
August	..	..	12	3	..	5	2	1	2	..	1	12	..	..	1	..	47	16	102
September	1	..	22	1	..	4	11	..	..	4	..	12	..	..	7	..	25	8	96
October	..	..	23	4	..	6	5	..	..	7	1	25	..	..	11	..	48	6	136
November	..	..	25	2	2	2	3	1	..	4	..	127	..	2	19	..	54	1	242
December	..	..	21	2	1	10	3	1	..	4	..	141	..	..	9	..	68	6	266
Totals for 1931	1	..	219	65	4	105	50	11	14	52	8	484	..	2	172	..	517	158	1862
Totals for 1930	..	..	135	158	3	106	65	3	16	31	7	1274	..	1	138	..	382	44	2363

INFECTIOUS DISEASES.

CANCER DEATHS—PARTS OF BODY AFFECTED.

PARTS AFFECTED.	Under 35		35-45		45-55		55-65		65-75		75 & over		Total.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Mouth and Throat	2	...	4	...	3	...	...	...	9	...	
Gastro Intestinal	1	...	3	2	9	8	6	7	2	2	20	20	
Genito Urinary	1	1	1	3	2	2	1	1	2	...	7	7
Breast	1	...	8	...	1	...	3	...	13
Bones	1	...	1	...	1	1	...	...	...	3	1
Glands	1	2	...	...	1	2
Thorax	1	1	...	...	...	...	...	...	1	1
Skin
Totals	1	2	2	8	6	16	19	11	11	4	5	41	44

INFECTIOUS DISEASES IN WARDS.

DISEASE.	Harrowgate Hill.	North Road	Cockerton.	Northgate	Pierremont.	Central.	North-East	Eastbourne.	West.	South.	Totals
Smallpox ...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	30	21	19	21	25	24	26	25	15	13	219
Diphtheria ...	6	8	7	4	4	7	12	11	4	2	65
Enteric Fever ...	...	...	...	...	1	...	...	3	...	...	4
Pulmonary Tuberculosis	12	16	7	12	2	23	7	18	3	5	105
Other forms of Tuberculosis	8	10	6	3	3	4	7	4	2	3	50
Puerperal Fever ...	...	2	1	2	...	2	3	1	...	...	11
Puerperal Pyrexia ...	...	1	3	2	3	1	2	...	1	1	14
Erysipelas ...	2	10	2	2	11	7	6	7	...	5	52
Ophthalmia Neonatorum	...	...	...	1	...	1	...	6	...	...	8
Acute Anterior Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...
„ Encephalitis Lethargica	...	...	...	...	1	...	...	1	...	...	2
„ Pneumonia ...	19	26	7	10	17	25	27	21	6	14	172
Malaria ...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox...	98	110	57	37	25	32	69	58	19	12	517
Measles and German Measles	54	75	53	43	19	84	46	54	36	20	484
Whooping Cough ...	15	34	14	12	3	26	24	21	5	4	158
Cerebro Spinal Fever	...	...	...	...	...	...	...	...	...	1	1
Total	244	313	176	149	114	236	229	230	91	80	1862

Incidence of NOTIFIABLE DISEASES, DEATHS and ADMISSIONS TO ISOLATION HOSPITAL during the past eight years.

DISEASE.	1924.			1925.			1926.			1927.			1928.			1929.			1930.			1931.		
	Notifications.	Deaths.	Admitted to Hospital.	Notifications.	Deaths.	Admitted to Hospital.	Notifications.	Deaths.	Admitted to Hospital.	Notifications.	Deaths.	Admitted to Hospital.	Notifications.	Deaths.	Admitted to Hospital.	Notifications.	Deaths.	Admitted to Hospital.	Notifications.	Deaths.	Admitted to Hospital.	Notifications.	Deaths.	Admitted to Hospital.
Smallpox ...	...	...	...	...	...	...	17	...	17	120	...	120	85	1	85	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	143	2	137	154	...	150	123	...	117	186	...	178	326	1	316	158	...	153	135	1	131	219	1	203
Diphtheria ...	40	3	37	38	3	38	32	...	32	40	5	38	157	11	152	138	8	134	159	5	154	65	3	65
Enteric (including Paratyphoid)	1	...	1	5	...	4	18	1	17	25	1	20	4	1	3	6	2	6	3	...	3	4	...	3
Puerperal Fever ...	3	1	...	7	6	...	5	2	...	2	1	...	4	3	2	1	1	...	3	3	...	11	4	6
† Puerperal Pyrexia	...	...	...	...	...	...	6	...	...	4	1	2	6	...	2	15	2	4	16	...	1	14	...	...
Pneumonia (all forms) ...	184	66	8	217	101	29	145	70	18	225	73	40	140	52	15	195	109	24	138	56	10	172	70	16
Malaria ...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica...	8	1	5	7	6	4	5	5	...	7	1	5	1	...	...	1	2	1	1	1	...	2	2	...
Erysipelas...	32	1	...	42	1	2	28	1	2	22	1	1	26	3	1	27	1	5	31	...	1	52	...	7
Measles and German Measles	367	2	21	202	14	3	60	...	...	2,068	17	5	161	2	1	1,109	4	2	1,274	25	8	484	4	11
Chickenpox ...	272	...	1	309	...	...	402	1	1	439	...	...	651	...	...	279	...	...	382	...	...	517	...	...
Ophthalmia Neonatorum	10	...	1	4	...	...	7	...	...	10	...	...	15	...	...	12	...	...	7	...	...	8	...	...
Cerebro-Spinal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Acute Anterior Poliomyelitis	1	...	...	...	...	...	1	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...
‡ Whooping Cough	...	...	...	...	...	...	...	...	...	73	7	...	38	1	...	146	11	...	44	...	...	158	8	3

† Notifiable since 1st October, 1926.

‡ Cases of Whooping Cough in Children under 5 years of age became notifiable on 1st February, 1927.

RETURN SHOWING THE WORK OF THE DISPENSARY.

DIAGNOSIS.		Pulmonary.				Non-Pulmonary.				TOTAL.				GRAND TOTAL.
		Adults.		Children.		Adults.		Children.		Adults.		Children.		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A.—New Cases examined during the year (excluding contacts):—														
(a) Definitely tuberculous		34	17	2	—	3	2	11	9	37	19	13	9	78
*(b) Diagnosis not completed		—	—	—	—	—	—	—	—	1	—	—	—	1
(c) Non-tuberculous		—	—	—	—	—	—	—	—	16	11	11	14	52
131														
B.—Contacts examined during the year:—														
(a) Definitely tuberculous		1	3	—	—	—	—	5	1	1	3	5	1	10
*(b) Diagnosis not completed		—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Non-tuberculous		—	—	—	—	—	—	—	—	4	10	34	25	73
83														
C.—Cases written off the Dispensary Register as:														
(a) Recovered		—	—	—	—	—	—	—	—	—	1	—	1	2
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)		—	—	—	—	—	—	—	—	22	21	46	40	129
131														
D.—Number of Cases on Dispensary Register on December 31st:—														
(a) Definitely tuberculous		121	68	22	19	42	41	61	44	163	109	83	63	418
(b) Diagnosis not completed		—	—	—	—	—	—	—	—	1	—	—	—	1
419														
1. Number of cases on Dispensary Register on January 1st, 1931. ... 434														
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years... 11														
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ... 56														
4. Cases written off during the year as Dead (all causes) ... 53														
5. Number of attendances at the Dispensary (including Contacts) ... 2112														
6. Number of Insured Persons under Domiciliary Treatment on the 31st December, 1931 ... 18														
7. Number of consultations with medical practitioners:—														
(a) Personal		...	...	23	...	...	...	...	...	...	...	...	...	137
(b) Other		...	...	80	...	...	...	...	...	...	...	...	...	...
8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ... 137														
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ... 2625														
10. Number of:—														
(a) Specimens of sputum, etc., examined		...	...	...	...	...	...	...	...	...	...	...	...	211
(b) X-Ray examinations made in connection with Dispensary work		...	...	...	...	...	...	...	...	...	...	...	...	37
11. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above... 76														
12. Number of "T.B. plus" cases on Dispensary Register on December 31st, 1931 ... 76														

* i.e., remaining undiagnosed on 31st Dec., 1931.

* i.e., remaining undiagnosed on 31st Dec., 1931.

SUMMARY OF METEOROLOGICAL OBSERVATIONS, 1931, TAKEN DAILY AT
THE SOUTH PARK, DARLINGTON.

Month.	Barometer Reading (Inches).		Temperature Registered (Degrees Fahr.)		Total Rainfall (in inches).	Greatest Rainfall in any 24 hours. Depth (in inches).	Date of Greatest Fall.	Number of days on which rain fell .01 inches or more.
	Highest.	Lowest.	Highest.	Lowest.				
January ...	30.4	29.1	50	16	1.94	0.31	29	22
February ...	30.1	28.9	52	24	1.27	0.21	11	20
March ...	30.4	29.3	75	12	0.96	0.32	9	9
April ...	30.2	29.4	65	27	2.96	0.58	2	20
May ...	30.1	29.3	65	27	2.97	0.67	30	18
June ...	30.4	29.3	75	40	3.29	0.56	14	20
July ...	30.1	29.3	75	42	4.47	1.48	12	20
August ...	30.4	29.1	76	42	3.59	0.89	19	17
September ...	30.6	29.3	76	40	3.33	0.86	2	17
October ...	30.5	29.3	60	37	0.89	0.43	29	9
November ...	30.4	28.4	54	36	2.40	0.36	18	20
December ...	30.6	29.1	54	30	1.03	0.32	2	10
Totals ...	...	...	...	...	29.10	...	...	202
Averages ...	...	...	...	...	2.42	...	...	16.8

County Borough of Darlington.



ANNUAL REPORT

OF THE

School Medical Officer,

G. A. DAWSON, M.D., D.P.H.,

FOR THE

Year ending 31st December, 1931.

DARLINGTON :

ECHO PRINTING WORKS, FREEMAN'S PLACE.

1932.

COUNTY BOROUGH OF DARLINGTON.

*To the Chairman and Members of the
Education Committee.*

LADIES AND GENTLEMEN,

The complete programme of routine, special inspections and re-inspections of our Elementary, Secondary and Special School children has been carried out according to schedule. The new ventures of Nursery Classes, provision of milk and artificial sunlight mentioned in last year's Report have fulfilled their functions in the general improvement of our services and ultimate economy—the watchword for this year.

Health propaganda has been considerably extended in the schools by the circulation of 1,000 copies monthly of "Better Health" by films, parents' health week conferences and amplified school curricula in hygiene. Every teacher has shown most encouraging co-operation in all these means of spreading sound health education.

In conclusion I wish to express my thanks to the Chairman, the Committee, Mr. Whalley, Education Officer, the teachers, the parents for their support, and to the Medical, Nursing, and Clerical Staff for their willing help in the compilation of this Report.

I have the honour to be,

Your obedient Servant,

GEORGE A. DAWSON,

School Medical Officer.

MEMBERS OF THE EDUCATION COMMITTEE.

HIS WORSHIP THE MAYOR. COUNCILLOR W. HESLOP, J.P.
 ALDERMAN C. H. LEACH, Barrister-at-Law, M.B.E., M.A.
 (*Chairman*).

ALD. A. J. BEST.	COUN. J. CLAYTON.
ALD. THOS. CROOKS. J.P.	COUN. S. HARDWICK, J.P.
COUN. J. BANKS.	COUN. B. JACKSON.
COUN. H. P. BELL, J.P.	COUN. R. LUCK.
COUN. G. R. CAMPBELL.	COUN. H. MAW, J.P.
COUN. W. G. CHANDLER.	COUN. J. WATERS.
M.B.E., J.P.	COUN. J. D. HINKS, J.P.
COUN. M. GALLAGHER.	

MRS. PRIOR,	} Additional Members.
MISS S. WALKER.	

STAFF OF SCHOOL MEDICAL SERVICE.

School Medical Officer—

G. A. DAWSON, M.D., B.Ch., B.A.O., D.P.H.

Assistant School Medical Officers—

ISOBEL C. BROWN, M.B., Ch.B., D.P.H.

ANDREW McFARLANE, M.D., M.R.C.P., D.P.H.
 (part time).

Ophthalmic Surgeon—

A. T. PATERSON, M.D., F.R.C.S.Ed., D.P.H. (part time).

School Dental Officer—

J. L. LIDDELL, L.D.S.

Nurses—

AGNES GARDNER (Senior Nurse).

CATHERINE GARDNER.

GLADYS M. WHITTAKER.

Clerks—

DORIS M. BURRELL (Senior Clerk).

LINDA FORSTER.

LILIAS PHILLIPS.

CICELY BEWICK.

ELEMENTARY SCHOOLS, 1931.

NO. OF CHILDREN EXAMINED AT ROUTINE MEDICAL INSPECTION.

	ENTRANTS.		INTERMEDIATES.		LEAVERS.		TOTAL.		No. on the Books. Dec., 1931.
	No. ex- amined.	Parents present.	No. ex- amined.	Parents present.	No. ex- amined.	Parents present.	No. ex- amined.	Parents present.	
Albert Road ...	—	—	—	—	85	15	85	15	348
Beaumont Street	72	55	30	18	104	48	206	121	715
Bondgate ...	44	34	48	25	—	—	92	59	428
Borough Road ...	74	54	26	18	—	—	100	72	512
Corporation Road	89	76	75	45	86	45	250	166	940
Dodmire ...	115	90	126	88	—	—	241	178	842
Gurney Pease ...	47	43	37	21	—	—	84	64	273
Harrowgate Hill	105	78	102	59	—	—	207	137	654
Kendrew St. C....	—	—	—	—	206	52	206	52	198
Reid Street ...	89	79	111	83	41	15	241	177	917
Rise Carr ...	88	58	76	49	—	—	164	107	538
North Road ...	75	48	77	60	89	36	241	144	847
Alderman Leach	44	31	53	41	—	—	97	72	354
Cockerton ...	23	17	34	20	13	6	70	43	315
Holy Trinity ...	20	12	24	11	17	8	61	31	280
Arthur Pease ...	35	30	30	20	—	—	65	50	198
St. Augustine's ...	62	45	69	32	78	11	209	88	769
Holy Family ...	25	17	22	16	—	—	47	33	156
St. Cuthbert's ...	4	4	6	5	6	4	16	13	Closed
St. John's ...	65	53	41	24	46	17	152	94	626
St. William's ...	44	31	40	27	—	—	84	58	343
Haughton ...	34	27	6	4	6	4	46	35	277
	1,154	882	1,033	666	777	261	2,964	1,809	10,533

MEDICAL INSPECTION.

Routine medical inspections were carried out as in former years in all the Elementary Schools by Dr. Isobel Brown and Dr. McFarlane. The total examined of the 5, 8 and 12 year-old groups was 2,758, while other routine inspections of scholarship candidates, odd-age groups and missed cases from last year numbered 765. Cases with special defects to which the attention of the doctors was called totalled 6,722, while 6,269 re-inspections were made to ascertain progress. Figures for the Secondary and Nursery children are not included in the above, but are reported later.

Table II. of the Appendix sets out in detail every defect, either arising or persisting in the children. It will be understood that a child may show several defects, so Table II.B. is drawn up to show the number of individual children requiring treatment. As in previous years the percentage requiring treatment remains about 20%, though the personal factor of the doctor and the growing higher standards of physical efficiency render comparisons with previous years liable to mis-conclusions. Defects which would have been passed over as trivial twenty years ago are now included in such figures.

Some indication of the real progress during the past twenty-five years may be found in the fact that the five-year-old entrant is now one inch taller and three pounds heavier, and the twelve-year-old two inches taller and six pounds heavier than his prototype of 1907. More graphic contrasts, however, are provided by comparing a photograph of a class with a modern one of a similar age group; the former untidiness, pallid variety of adenoid expressions, squinting straining eyes, deformed limbs, drooping chins and round shoulders have almost entirely given place to well-trimmed, erect, alert bright boys and girls.

Uncleanliness.—Nurses paid 239 surprise visits to 23 schools, and 534 home visits, making 15,845 inspections, revealing vermin in 10 cases and nits in 677. At the end of the year there were no cases with vermin, and only 120 with nits. It might appear a matter of regret that uncleanliness is still a feature requiring much attention on the part of doctors and nurses, but as with the other defects, the general standard has been very much raised. For instance, the presence of three visible nits is sufficient to have a child's name included for this periodic attention. Certain families are, needless to say, notorious in this respect.

Malnutrition.—The ascertainment of the extent of malnutrition was a special subject during the year, mainly in connection with our milk scheme, and as the result of representations it was resolved by the Committee that certified necessitous cases should have free provision of one-third pint during the morning session. Malnutrition may be due to physical causes—inability to assimilate food, or purely nutritional causes—lack of food or more commonly improper food. The former numbered 115, while the latter class totalled 171.

Skin Diseases.—Ringworm (scalp 43, body 74) and Impetigo (583 cases) still continue to head the list and account for prolonged and frequent absences from school. It is suggested by Dr. Brown that a special class might be formed for these diseases in a centrally-situated school, so that more intensive treatment and supervision could be pursued. The risk of infection to the teacher is not appreciably greater than in an elementary school, as adults are practically immune to ringworm. This would obviate the serious loss of school attendance, which for these two diseases exceeded 8,000 days. The incidence is fairly constant throughout the year. Seabies or “itch” was found in 34 cases, not an unusual proportion.

Ear Diseases.—Middle ear disease—purulent discharge is the common defect found, and it accounted for 33 routine and 104 special cases. Defective hearing of severe degree is now rare, due to the earlier and more efficient treatment of diseases of the nose and throat.

Tonsils and Adenoids.—Approximately 5.5% of children at routine inspection were found to require operation, and 15% observation to ascertain progress of defect. Better co-ordinated arrangements have been made during the year in hastening treatment and obtaining parental consent before reference to Hospital. Operative treatment was performed in 285 cases, 150 under our co-ordination scheme and 135 through private arrangements. The 260 cases who received other forms of treatment, include instances where parental consent would not be given to operation.

Dental Defects.—In addition to the Medical Inspections, detailed examinations of 6,090 children were made by Mr. J. L. Liddell, L.D.S., in all the age-groups except the five-year olds, and of the 4,134 found to require treatment, 2,594 were actually treated in the Clinic:—fillings 853, extractions 3,966, other

operations 426. Children casually visiting the dentist numbered 863. These interfere with appointments of routine work, and have in many cases neglected to take timely warning at an earlier inspection. Mr. Liddell reports as follows:—

“ 253 fewer Elementary School children were examined than in the previous year, but the number treated is only four less.

Fillings have increased by 156. More children and parents are realising that it is better to have a tooth saved than to let it go until toothache occurs, and the tooth has to be lost. There is still a great fear that filling is a very painful operation, whereas, if caught in the early stages of decay, a tooth can be filled without any pain whatever.

A large number of people think that the only time to visit a dentist is when the tooth gives pain. Very often, when I enquire of a parent why treatment, recommended after routine inspection, was not carried out, I get the answer, ‘because he had not toothache then.’ We are trying very hard to show how this is wrong. Talks were given during Health Week, which it is hoped, will bear fruit. The dental film and exhibits shown during that week were very helpful and instructive.

There is still a large number of casual cases. As there are about five thousand children each year who do not receive routine examination, this can not very well be avoided as these children must receive treatment should the necessity arise. Of 863 casual cases dealt with during the year 699 had not had an opportunity of having the defect remedied earlier.

The remaining 164 were given treatment. The majority will not err again, as the folly of their neglect was pointed out to them, and a promise was given in each case that in future any defect found at routine inspection would be attended to at once. In view of the fact that the fault is largely due to the parents, and not to the children, I feel there is every justification in giving them another chance, instead of allowing the children to suffer.

I have been asked why there have been no administrations of general anæsthetics. There have been no cases where the use of these has been necessary. There is always a risk in the administration of a general anæsthetic, and, unless a local anæsthetic is very strongly contra-indicated, I do not think I am justified in taking that risk.

Inspection and treatment for Secondary and Nursery Schools were carried out as follows:—

Inspected	...	...	...	...	345
Requiring treatment	...	...	...	...	284
Treated	...	...	...	...	146
Bringing the grand totals to—					
Inspected	...	...	...	...	7,398
Requiring treatment	...	...	...	...	4,418
Treated	...	...	...	...	2,740

It should be noted that three weeks' work was lost owing to illness in the early part of the year."

Until this year no steps had been taken to obtain written parental consent after inspection before making appointments, so that attendances at the Clinic, and the wishes of the parents regarding private treatment were subjects of uncertainty, leading to irregular rushes and loss of time. For instance, it often occurred that as few as 2 or as many as 20 turned up during a session. By definite parental arrangements and appointments regularly spread out, it is hoped to obviate long waiting of patients as happens under a casual system, whereby all the patients turn up at the beginning of the session. The head teachers can do much to see that children have treatment carried out at the first appointment—true conservative dentistry.

Heart and Circulation.—Only one child in routine inspection was found suffering from organic heart disease requiring treatment, but anæmia was responsible for 68. Early attention to rheumatic fever and the acute infections like scarlet fever has reduced the serious forms of heart disease which have led to so much incapacity in the past. The anæmias are found in cases of deficient or wrong nutrition, and often require a course of treatment at our open-air school. At special inspections 8 organic lesions were prescribed treatment and 62 put under observation. One congenital deformity was so severe that it is unlikely that the child will be able to continue attendance. Five children were placed on the "chronic" register for three months' absence or more, and six were transferred to the open-air school. The remainder are under repeated observation and are undergoing a modified school curriculum regarding exercises and sports.

Diseases of the Lungs.—Approximately one child in five is found to suffer from some degree of bronchitis, but only 1·2% required treatment. The others are kept under skilled observation and re-examination so that the onset of tuberculosis can be

readily detected. Seven cases of definite pulmonary tuberculosis were reported among routine inspections, and twelve in special inspections. These cases are given the preference in admission to the open-air schools provided they are not openly infectious.

Non-Pulmonary Tuberculosis.—A detailed inquiry was made during the year so that we might have a complete register of past and present cases. Sixteen cases (glands, spine, bone, skin and other forms) were referred for treatment, and ten for observation, among the routine inspections. The “specials,” however, numbered 17 for treatment and 22 for observation, glandular infection being the commonest form.

Follow-up Work.—As a sequence to the medical, dental and cleanliness inspections, defects are followed up by the Nurses at the Clinic, in the School, or in the homes. Special home visits were paid in 1,624 instances.

Medical Examinations of Staff.—Examination and certification of 40 teachers, caretakers and others were completed, either on appointment or return to duty after illness.

Employment of School Children, &c.—Thirty children were certified fit for employment while of school age, and 23 for institutions, maintenance grants and such purposes.

MEDICAL TREATMENT.

School Clinic.—The treatment of minor defects has been continued as in previous years at the School Clinic in Northgate, one of the doctors being in attendance every afternoon. The extent of the work may be judged from the fact that there were 14,635 consultations, 12,095 for treatment and 2,540 for advice.

The new Artificial Sunlight (mercury vapour) Lamp installed last year has filled a real need in the equipment, and though there are varying reports from different authorities on the efficacy of this treatment, there is no doubt in my own mind that the small expense is warranted by the hastened convalescence from acute illnesses, as proved in the Fever Hospital. Dr. Brown has prepared the following comment on the lines set out by the Board of Education:—

Artificial Sunlight Treatment.—119 cases completed a course of Ultra-Violet treatment at the School Clinic. 72 cases commenced treatment in the last quarter of the year and are still continuing.

The types of cases recommended for treatment may be classed under 5 headings: (1) Malnutrition and its sequelæ; (2) Rickets, with or without chest complications; (3) Rheumatism; (4) Catarrhs, and a fifth heading classified as "Other Conditions" to include skin affections, enuresis, etc.

Cases are given twice weekly treatments—commencing with a short exposure of one minute, and at each treatment the dose is increased until a 20 minutes' period is reached, and children continue at 20 minutes until completion of their course. Cases undergoing prolonged treatment attend only once weekly, *e.g.*, children in attendance at the Open-Air School for Physically Defective Children, and children in attendance at the George Dent Nursery School.

Records of height and weight are taken at regular intervals, and all cases are under the direct supervision of the Medical Officers.

Of the cases treated the most marked changes were seen in children treated for Malnutrition and for Rheumatism. Of the twelve cases treated for rheumatism our results have been particularly good, and I consider of all the cases treated the rheumatic children show the most marked results. The beneficial results manifest themselves in an increase in energy, a decrease in the frequency of the vague abdominal pains and headaches so frequently found in these cases, and a lessening in the feeling of lassitude and irritability usually so common. Of the cases of rheumatism treated ten come under the heading of "Much Improvement." Two boys treated for Chorea showed good results—one, a particularly chronic type of case, "fell off," as his parent stated, as soon as treatment ceased and on treatment being re-commenced improvement was again shown.

Of the 52 cases treated for Malnutrition and its sequelæ four showed no change, and the remaining 48 cases showed definite improvement in general condition, appetite and energy.

Of the 16 cases treated primarily for the chest condition the results were in no way striking, 7 showing no improvement, and 9 showing only slight improvement. A number of chest

cases commencing treatment in October are showing some improvement, but the treatment is still incomplete, and probably, when an account of our cases comes to be given next year, more data will be available for more reliable conclusions.

Of the 33 cases treated for Rickets—many now undergoing a second course of treatment—all are showing some improvement, and it is hoped that by getting such cases early in school life we shall be able to prevent many of the cases of gross deformity in later life.

The cases suffering from blepharitis recommended for treatment by the Authority's Eye Specialist, cleared up entirely after a course of treatment.

During the year the children attended for prolonged periods with great regularity, some children returning for second courses of treatment. Some of the parents have accompanied the children with unfailing regularity and have given voluntary information that they consider the time well spent, as the benefits observed in the child's general condition are so marked. The children are also keenly interested in their treatments and look forward to the time spent in the Ultra-Violet Light Room.

There is no doubt that the installation of the Mercury Vapour Lamp at the School Clinic has proved a valuable aid to treatment of many of our cases.

Eye Diseases.—The public are now much more appreciative of the increased attention we are giving to defects and diseases of the eyes, for, in the rush for employment and in the more or less general medical certification for all good appointments, it is realised that only the fittest succeed. Among our 8-year olds, 4·4% and in the 12-year olds, 10·5% require spectacles and periodic supervision. Spectacles are provided at contract prices, or free in necessitous cases. A total of 640 children were referred to the School Oculist, Mr. A. T. Paterson, F.R.C.S., and 146 re-examinations were made. Glasses were prescribed for 309, and obtained in 285 cases. The main defects were Myopia 187, Squint 92, Hypermetropia 233.

In the Special Report on Defective Vision prepared by a Sub-Committee of the Board of Education during the year, Dr. Paterson investigated certain points in the course of his work in Durham and Darlington, and had the matter incorporated in that excellent research.

Dr. Paterson has kindly provided the following comment :—

“The work in connection with the treatment of defective vision and minor eye ailments during the past year has been carried on smoothly, and, I hope, with great benefit to the children.

It will be noted that the number of children for whom spectacles were prescribed is less than that of the previous year. This is accounted for in part by the fact that the number of children medically examined in the routine age-group examinations was slightly less this year, but the principal reason for the difference in the number of spectacles prescribed is that many of the children who were re-examined were found to be wearing spectacles that were satisfactory.

The function of an Eye Clinic is not by any means to prescribe large numbers of spectacles ; rather is it to overhaul the eyes of children who have defective vision and see if they can be benefited by spectacles. Another great object of an Eye Clinic is to treat children with minor eye diseases, and during the past year 85 children presented themselves with various forms of eye defects or diseases which, though not requiring spectacles, required prolonged observation and treatment at the Clinic. Many of these latter children attended the clinic for periods of from one to six weeks before they were considered cured.

Every child who is found at the routine inspection suffering from defective vision is not necessarily so suffering. Many children are perhaps below par on the day of examination and do not use their eyesight to the best of their ability. The Doctor carrying out the routine examination cannot decide if the deficiency in visual acuity is due to a real defect and so the child is referred to the Eye Clinic where the Oculist makes a special examination and decides whether or not spectacles are necessary. There is another group where the eyes have been permanently injured by previous disease and spectacles will not be of any help in remedying the visual defect. Every case is dealt with on its merit, and spectacles are not prescribed unless they are definitely likely to be of help to the child.

I should like to pay a tribute to Nurse Gardner for the great help she has been to me in carrying out the treatment of children with defective vision and minor eye disease.”

RHEUMATISM..

Special attention has been continued in children suffering from Rheumatism. Detailed records have been kept of all such cases and the children examined at regular intervals, both at the School Clinic and at the Routine Medical Inspection in the Schools.

Last year mention was made of the difficulty in the treatment of cases of Chorea (St. Vitus' Dance). These require rest, nourishment and fresh air—preferably a change of air altogether, and if more Institutional treatment were readily available, the majority of such cases attending the Clinic would have been recommended for it. Under the present economic conditions it appears almost impossible for the parents of some of these unfortunate children to offer all that is necessary to hasten their recovery. Some of our cases have been sent to the Open-Air School and good results have been observed, but in others the strain of even a modified School curriculum has proved too much, and the child has had to be withdrawn.

We have had the advantage for the past 8 months of offering Artificial Sunlight treatment in cases of Rheumatism, and, from a record of cases kept, the reaction to this form of treatment has been particularly beneficial, and even the cases of Chorea show an improvement in general well-being. Evidence of increase in appetite, increased brightness and less excitability is common, and parents confirm the improvement shown in their children, but only cases in the early stage or in the convalescent stage are fit to attend a School Clinic.

Warm dry clothing and footgear is most essential for these children, and it is gratifying to note that efforts are being made in the schools to improve the cloakroom accommodation, and more facilities are being offered for the drying of the children's wet outdoor clothing.

During the year we have had on the Clinic Register 157 children suffering from Rheumatism in varying degrees—from the mild subacute muscular type (boys 27, girls 55) to the severe cases of Chorea (boys 19, girls 15) and Carditis (boys 18, girls 23). For the more severe of these special provision is made in that they are either excluded from school for lengthy periods, attend the Special School for Physically Defective Children, or attend the ordinary Elementary School for half-days.

FEEDING OF SCHOOL CHILDREN.

The scheme whereby milk is provided in the schools during the morning session has been in operation for a year. At first it was thought that parents of delicate and malnourished children would avail themselves readily of the opportunity to have a cheap safe hygienic product, but the charge of even the cost price of one penny was sufficient to prevent the most deserving cases having it. The peak consumption was in January when 4,164 bottles were purchased daily, but this fell to 1,630 at the end of the year, 40% and 16% respectively of the school population. Records were kept by Dr. Brown showing the improvement in those children who were regularly consuming the daily one-third pint, and the head teachers were all convinced of the decided sharpening of the mental condition. Unfortunately it was the well-cared-for child who had it most regularly, the poorer child having to be subject to periodic financial embarrassment. Backward classes had always a poor response.

Of 175 definitely malnourished children only three were found to be having milk regularly at the end of the year, though the head teachers have nobly tried to influence the children and parents, and even in some deserving cases paid the cost personally. In the Nursery Classes where children of 3-5 years attend only 25% are having milk regularly, the low figure being due to the fact that all these children come from very poor homes. To meet such cases the Committee has resolved that milk be supplied free to children medically certified as suffering from malnutrition in necessitous families.

Cod Liver Oil Emulsion, 50% is provided at cost price to cases requiring it through the School Clinic. Meals are provided free to necessitous cases at the Open-Air and Special M.D. Schools.

INFECTIOUS DISEASES AND DEATHS.

The year has been remarkably free from serious infectious disease in the schools, there being no necessity to give even the usual certificate when an attendance falls to 60%. The notifications received were followed up by Health Visitors, Sanitary Inspectors and School Nurses, as the situation demanded. The diseases and deaths from all causes are given in the table as follows:—

Disease.							No. of Cases.	Deaths.
Scarlet Fever	...	...	...	...	...	...	137	—
Diphtheria	...	...	...	...	...	...	28	1
Enteric Fever	...	...	...	...	...	...	2	—
Erysipelas...	...	...	...	...	...	...	1	—
Measles	...	...	...	...	...	...	228	—
German Measles	...	...	...	...	...	...	7	—
Pneumonia	...	...	...	...	...	...	38	2
Chickenpox	...	...	...	...	...	...	339	—
Cerebro-Spinal Fever	...	...	...	...	...	...	1	—
Whooping Cough...	...	...	...	...	...	...	20	1
Pulmonary Tuberculosis	...	...	...	...	...	...	7	3
Other forms of Tuberculosis	...	...	...	...	...	...	26	2
Other Diseases	...	...	...	...	...	...	—	10
Total							834	19

EXCEPTIONAL CHILDREN.

Table III. in the Appendix sets out all the exceptional defective children in the area suffering from Blindness, Deafness, Mental Deficiency, Epilepsy, Tuberculosis or other incapacitation.

Certification is completed before any child is sent to the Open-Air or Special M.D. School, the total number at the former being 120 boys and girls, and at the latter 45 boys and 31 girls. One boy and six girls were notified under the Mental Deficiency (Notification of Children) Regulations, 1928, to the Welfare of Afflicted Persons' Committee as Imbeciles (4), or feeble-minded (3) requiring care and control.

Institutional Education.

Allerton Priory R.C. Special (M.D.) School	...	1
Prudhoe Hall Colony (M.D.) School	...	1
St. John's Institution for Deaf and Dumb, Boston Spa	...	1
Royal Victoria School for Blind, Newcastle	...	1
Starnthwaite Home for Epileptic Boys	...	3
Soss Moss Special School for Epilepsy	...	1
Stockton School (Day) for the Deaf	...	4

Dr. I. C. Brown adds the following note:—

“The problem of the crippled child is one which offers difficulties to both teachers and Medical Officers.

In so many cases the degree of deformity prevents the child being taught by the ordinary methods and from taking part in the ordinary school routine, and the teacher is faced with the problem as to how best to teach the child.

A further difficulty presents itself in the means of transport to and from a school, and our general rule has been to allow the child to attend the school nearest at hand rather than to certify it for admission to the Open-Air School. There are cases where, when the child reaches Senior School age, difficulty of transport becomes a serious problem as, of course, the Senior Schools are fewer in number and at greater distances apart, but as a rule parents realise that the child, being already handicapped with a physical deformity, must be given every chance to make the most of its school life, and they themselves appear willing to surmount any difficulties.

We have in Darlington 82 children classified as "Crippled Children." Of these 40 are due to deformity following upon an attack of Infantile Paralysis in early life, 28 are congenital deformities (club foot, dislocation of the hip joint), and 14 are the results of injury at or after birth (birth palsy, rickets, tuberculous disease of bones and joints). These figures do not include heart disease, which is given under a different heading.

All of these cases have had surgical or orthopædic treatment in Hospital at one time, and some of them show very good results. Others have not been so successful, as they have not attended to complete their treatment.

Practically all cases require constant attention and frequent periods of prolonged treatment at Hospital—the results of necessity, show slow progress, and as a consequence many parents become weary in well-doing and cease attending before treatment is completed. Others allow themselves to be persuaded that there is a shorter and quicker road leading to the child's ultimate cure, and we find the cases in the hands of unqualified and incompetent persons.

This condition of affairs is very serious to the child, and we are continually following up these cases, both by home visits and in the school, urging the parent to continue Hospital treatment and offering any facilities we have for cases where the parents are in poor circumstances.

In this work we have been helped greatly by the Crippled Children's Association. This Society concerns itself with the welfare of the crippled child and makes special allowance for extra nourishment and surgical appliances in necessitous cases, and very often defrays expenses in cases where further Specialist advice is required.

The establishment of an Orthopædic Clinic under the School Medical Service would greatly facilitate our work in dealing with crippling defects."

SANITARY CONDITION OF THE SCHOOLS.

Darlington has been most progressive in its programme of construction of new schools to replace those of bad design of the last century. At the end of the year yet another modern large school for mixed juniors was opened at Dodmire.

The new building, E shaped, has a spacious central hall with open-air classrooms, and ceiling water tube heating, giving maximum light, air and comfort. This experiment in heating will be observed during this year with much interest, as the principle is contrary to our accepted ideas of physics and the homely dictum of warm feet and a cool head.

Four large Elementary Schools have been built during the past four years on this open-air plan, and I have no doubt that our freedom from serious infectious disease is in a great measure attributable to the cleanliness and freshness of open conditions under which the majority of our children are being taught.

Even in the three remaining schools of dark and shut-in design the head teachers are doing their utmost by daily cleanliness surveys, by ventilation, and the provision of soap, towels and sanitary paper to render the atmosphere and environment as pleasant as possible. The personal influence of a keen head teacher in inculcating health ideas in such schools often means more to the general good in teaching children how to make the best of the defects in their own homes. Health propaganda during Health Week in December was pressed forward in every school by film, lecture, lesson and "follow-up" through the "Better Health" monthly magazine, published by the Medical Officer of Health.

CO-OPERATION.

Parents.—As shown in the table at the beginning of the Report, one or other parent was present in 75% of entrant examinations and 55% among older children. The presence of the parent enables the doctor to appreciate more quickly the environment of the home, and to indicate in detail the line of treatment and how best it may be obtained.

Teachers.—All the head teachers have taken a very lively interest in the medical state of their scholars, and have assisted the Medical Officers and Nurses in arranging inspections, in bringing forward special cases, in following up defects with the parents, and in organising the morning milk scheme which has been entirely dependent on their sympathetic and energetic support. The responsibility lies with them of ascertaining the numbers, distributing the bottles, collecting the empties and recovering the cash. In the matter of infectious disease the credit for such freedom as we enjoyed in the schools goes in a great measure to the teachers for their watchfulness over early cases and the contacts. Notifications are received daily at the Health Office of all suspected absentees.

Darlington Training College for Lady Teachers.—For the past eight years parties of the student teachers have attended the School Clinic three days a week, and the Special Schools at suitable times, in order to get a more intimate and practical knowledge of the School Medical Services, and common ailments and their treatment. Lectures at the Training College are also arranged in the Winter Term, through the energetic interest of the Principal, Miss S. Walker.

School Attendance Officers.—Lists of attendances at the Clinic and exclusions from school are daily forwarded to the School Attendance Officers so that they act mutually with the School Nurses. Information was also forwarded to them of the certification of 29 children for part-time employment while under 14 years of age.

Private Medical Certificates to the number of 660 received by the Attendance Officers were referred to the School Clinic for record purposes. The School Nurses co-operate with the Attendance Officers in following up "over-dues" at the Clinic, and verminous cases.

Voluntary Bodies.—The General Hospital, the Cripples' Society, and the National Society for the Prevention of Cruelty to Children have given valuable help during the year in a number of cases.

Medical Practitioners.—The General Practitioner is a very necessary link in the School Medical Scheme, and cordial relations have always been a feature of our work in Darlington.

The School Medical Officer is also Medical Officer of Health, so that transfer of records from the Maternity and Child Welfare Service to the School Medical Service and then on to the other branches is facilitated. Further, the Dental Surgeon and Assistant School Medical Officers take part in Nursery Schools, Maternity and Child Welfare and Venereal Disease Clinics, the General Hospital and the Fever Hospital.

REPORT ON PHYSICAL TRAINING.

No new developments have taken place during this year in regard to physical training, which continues to be carried out in accordance with the instructions contained in the Board of Education Syllabus and special pamphlets issued.

Provision for organised games is made in all Senior and several Junior Departments. During the year the tenancy of the playing field in Haughton Road (3·850 acres) was terminated owing to the erection of an electricity sub-station on the field.

In anticipation of the loss of this land the Education Committee arranged with the Borough Council for part of the land at Hundens to be allocated for playing fields for school children.

The plot of land behind Freeman's Place has been used during the year as a playground for children under 11 years of age. The area of land for playing purposes has been reduced from 3,086 to 2,884 square yards through the transfer, with the approval of the Board of Education, of a triangular piece of land to the Borough Council to connect two back streets.

Co-operation continues with the Schools' Athletic Association who arrange leagues and competitions in football, cricket, netball, athletic sports and swimming.

Swimming instruction was continued during the summer season under arrangements similar to those of previous years. The instruction was given during the period May to September at the Public Baths by two men and two women part-time instructors assisted by the teachers who accompany the classes. The scholars attend in groups of 60 once a week, two mornings each week being allotted to girls and two to boys. The weekly average attendance during the season was:—boys 511, and girls 371.

Tests in swimming are carried out under the supervision of the Instructors, and Certificates are awarded to those who qualify for one length ($33\frac{1}{3}$ yards), five lengths ($166\frac{2}{3}$ yards), quarter-mile, half-mile and one mile. The following is a summary of the Certificates issued during the year:—

				<i>Boys.</i>	<i>Girls.</i>
One length	...	...	...	203	106
Five lengths	...	...	...	63	45
Quarter-mile	...	...	...	29	33
Half-mile	...	...	...	24	15
One mile	...	...	...	—	8

SPECIAL SCHOOLS.

OPEN-AIR SCHOOL.—DR. A. McFARLANE.

During 1931, 211 children were in attendance at the Open-Air School, of whom 72 were discharged fit to attend an ordinary Elementary School.

The cases admitted to the Open-Air School were found either at Medical Inspection in the Elementary Schools or were referred from the Tuberculosis Dispensary. These children might be classified as follows:—

	<i>Boys.</i>	<i>Girls.</i>
1. "Delicate children" whose general health renders it desirable that they should attend an Open-Air School	50	49
2. Quiescent or arrested Pulmonary Tuberculosis	8	6
3. Tuberculosis of the Peripheral Glands	5	1
4. Abdominal Tuberculosis Quiescent	2	2
5. Tuberculosis of Bones and Joints...	2	6
6. Tuberculosis of other organs, <i>e.g.</i> , Skin, etc.... ..	2	2
7. Crippled children	1	—
8. Children with Heart Disease ...	1	2
Total ...	71	68

It is impossible to estimate the immense value of the work done at the Open-Air School. From the above table it will be seen that over 25% of the children are "tuberculous children," whose lesions are either quiescent or arrested. No case of infectious tuberculosis is ever admitted to the School. For these children the open air life is essential, in fact it is the only sure means of preventing a recurrence of the disease.

The group of "delicate children" constitutes the majority of the remainder. This group largely consists of children suffering from varying degrees of malnutrition and its sequelæ. The causes of malnutrition are numerous, but one of the most important is inadequate feeding. This is due sometimes to poverty.

but more often to ignorance. The improvement that occurs in many of these children after a short time at the Open-Air School is in no small measure due to the simple and wholesome diet provided. The mid-day meal is of excellent calorific value, rich in vitamins, and contains the requisite amount of protein so necessary for the growing child. Cod Liver Oil Emulsion is also given to each child daily. It has been calculated that almost half of the calories necessary for each child per day is provided in the diet at the Open-Air School.

The school in the open, the physical exercises and the stimulating action of the spray baths on the peripheral circulation all make for the improvement in the physical condition of the child.

One cannot help feeling that much of the good done during the day at the school is undone in many cases after the return home. There are many factors concerned, but two of the chief may be mentioned: (1) bad housing and environment; (2) lack of sufficient rest and sleep. On investigating the home conditions of the children attending the Open-Air School it was found that over 30% of the children were sleeping under overcrowded conditions at night. With 5 and 6, and in some cases even more children sleeping in a small room, very often with the windows closed, it is little wonder that the health of the child suffers. Then again the lack of sufficient rest and sleep is of first importance. More than 50% of the children were found to have insufficient sleep at night. Not only is the quantity of sleep of importance, but also the quality. In poor homes the latter is seriously affected by the lack of sufficient accommodation.

If the child could only live under the same hygienic conditions at home as at the Open-Air School, normal health would be restored in the majority of cases within a much shorter period of time.

THE BARNARD STREET SCHOOL.—DR. I. C. BROWN.

The Barnard School for Backward Children continues to do good work, and 76 children were in attendance at the end of the year.

The school itself, situated in the centre of the town, is easily accessible, a very important factor where the subnormal child is concerned.

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The group of "delicate children" constitutes the majority of the remainder. This group largely consists of children suffering from varying degrees of malnutrition and its sequelæ. The causes of malnutrition are numerous, but one of the most important is inadequate feeding. This is due sometimes to poverty.

The whole atmosphere of the school is bright, the children are happy and interested, both in their work and in the general well-being of the school, and parents have expressed themselves as being grateful for all the benefits offered to these children.

During the past year 3 children were removed from the school under the Mental Deficiency Regulations, 1928, as no progress had been made, and their presence in the school was becoming detrimental to the other children.

Six children left, four girls and two boys, the two boys having obtained work. One girl has been sent for institutional training in domestic work, one girl is working as a domestic servant, a third is looking for work as a tailoress, as she is a particularly good sewer, and the fourth girl is at home helping with domestic duties and does not wish for other work.

The establishment of an Old Boys' and Old Girls' Club, mainly through the local Mental Welfare Association and Toc H, with Miss Holmes as Secretary-Organiser, has done much to ensure the after-care of these children on attaining the school-leaving age of 16 years.

DENT NURSERY SCHOOL AND NURSERY CLASSES.

George Dent Nursery School (Voluntary), 100 places.

The George Dent Nursery School, described in detail in last year's Report, is looked upon as one of the models for the country, and has been visited and copied by many authorities setting up such an institution for the first time. Extensions have taken place during the year, opening out two classrooms by adding verandahs on the South side. This permits of a total accommodation for 100 children from 2 to 5 years of age. Princess Mary, in the course of a visit, made a detailed inspection, and expressed her delight at the wonderful work and results achieved.

Fifty-one new children, 30 at 2 years, 18 at 3, and 3 at 4 years, all suffering from one or more defects or from poor home surroundings, were admitted; 19 children left on attaining five years, four children were permitted to remain, though five years of age, owing to their debilitated condition. Eleven of the entrants remained only a short time, two were unsuitable, two transferred to residential homes, one died, and six left the district. At the end of the year there were 90 in regular attendance.

All the children markedly increased in weight on an average 6-lbs. in the year, mainly due to the excellent varied diet and the mid-day rest. The defects noted were bronchitis 76%, rickets 58%, nasal catarrh and tonsils and adenoids 71%, many double defects. All the cases of rickets showed marked improvement, many of them having had ultra-violet ray treatment. Minor ailments treated by the school staff included skin diseases 23, eye infection 12, discharging ears 7, septic sores 12, ringworm 1, and injuries 16.

NURSERY CLASSES.

Nursery Classes have been established at the following schools in the poorer districts of the North end of the Town:—Rise Carr Infants' School and Gurney Pease Infants' School, under the Local Authority, and St. William's Roman Catholic (non-provided) Infants' School. Each of these has 30 on the rolls with an average attendance at the end of the year of 25. The admissions are mainly of the three and four years' old, and in practically every instance the child is suffering from one or more defects on admission as well as coming from poor home surroundings. In the Rise Carr Department one-half of the children provide themselves during the morning with milk under our scheme at the cost price of 1d. At the Gurney Pease School 13 three-year-olds and 17 four-year-olds were on the register at the end of the year, with an average attendance of 28, a high proportion compared with the usual infants' school. Mainly owing to the individual efforts of the staff, mid-morning cocoa was given to every child. At St. William's School the Sister-in-Charge has made the most of the open surroundings, and a very cheery atmosphere has been produced amongst the 30 little ones. The financial conditions are, however, so poor, that only six can regularly provide themselves with milk.

The success of these three Nursery Classes prompts me to press forward the case for an Open-Air Nursery School in this area as soon as possible, for if such results can be attained in make-shifts, as exist at present, a very much wider scheme will be decided economy in public health work, in that incapacitating defects can be so easily remedied when treated early, *e.g.*, in the Rise Carr area only 25 infants are accommodated in the present scheme, yet there are 120 deserving cases in the neighbourhood.

Defects found are classified in Appendix Table II. A.

SECONDARY SCHOOLS UNDER THE LOCAL AUTHORITY.

		On Register.	Inspected.	Parents Present.
Grammar School for Boys	...	426	314	87
High School for Girls	...	397	377	135
Central Secondary School	...	297	279	108
Junior Technical School	...	150	133	10
		<hr/> 1270	<hr/> 1103	<hr/> 340

Classified "Defects" are shown in Appendix Table II. A.

For the past ten years, as in the Elementary Schools, routine Medical Inspections have taken place every term, so that children are examined as soon after their entrance as possible. Every pupil over 12 years is inspected annually and oftener if suffering from defects. All contacts of tuberculosis are examined twice a year. Parents are invited to be present, and attended in over 30% of instances.

Usually references for treatment are made in the first place to the Medical Attendant, but the same facilities are available as to Elementary School children at the School Clinic for those who cannot afford private treatment. Specialist attention for defective vision, dental defects and diseased tonsils and adenoids is arranged, usually during the vacation or after School hours. Of 72 cases of defective vision, 66 attended the School Clinic for prescription of glasses, 34 cases attended for minor ailments, and 102 for dental treatment. Re-inspections of 600 defects were made to ascertain progress. No arrangements are made to recover cost except in the Dental Department, where the usual charge of 6d. for one visit, and 1/- for complete treatment is made.

Dr. McFarlane comments on the high standard of physical efficiency and nutrition among the Secondary boys, but notes that 11% of the pupils have "pigeon chests," and 13% show varying degrees of flat-foot requiring remedial exercises. At the High School for Girls Dr. Brown finds progressive improvement in the physique and general condition of the pupils despite strain of examinations.

Gymnastics and organised games are particularly well developed, and mention must be made of the painstaking interest of the Physical Culture Mistress in the individual welfare of each pupil's medical progress. More efficient orthopædic schemes in the Elementary Schools would prevent many of the postural defects, and to this end Dr. McFarlane has prepared a concise leaflet on Flat-foot, so that parents and children will have their interest roused.

During the first week in December Special Health talks and films were given in the Secondary as in the Elementary Schools on Dental Disease, Cleanliness, Prevention of Disease and Biology. The reaction of the pupils was well demonstrated by the interest taken in the practical demonstrations and essays.

RETURN OF MEDICAL INSPECTIONS—1931.

TABLE I.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—

Entrants	...	...	...	...	...	1,154
Intermediates	...	...	...	...	...	1,033
Leavers	...	...	...	...	...	571
Total						2,758

Number of other Routine Inspections	765
-------------------------------------	-----	-----	-----	-----

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	6,722
Number of Re-Inspections	...	...	...	6,269
Total				12,991

TABLE II.—A. Return of Defects found by Medical Inspection
in the Year ended 31st December, 1931.

EFFECT OR DISEASE	ROUTINE INSPECTIONS.						SPECIAL INSPECTIONS.					
	No. of Defects.						No. of Defects.					
	Requiring Treatment.			Requiring to be kept under observation but not requiring Treatment.			Requiring Treatment.			Requiring to be kept under observation but not requiring Treatment.		
	Ele.	Sec.	Ny.	Ele.	Sec.	Ny.	Ele.	Sec.	Ny.	Ele.	Sec.	Ny.
Strabismus	76	2	1	94	4	15	39	1	—	67	1	5
Blindness	120	5	3	—	—	—	37	1	—	—	—	—
(See Table IV., Group V.)												
Worms :												
Ascaris	—	—	—	—	—	—	43	—	—	—	—	—
Trichinella	5	—	—	—	—	—	69	—	—	—	—	—
Enterobius	3	1	—	—	—	—	31	—	3	—	—	—
Trichostrongylus	18	1	6	—	—	—	565	—	—	—	—	—
Other Diseases :												
Non-Tuberculous) ...	17	6	—	10	2	4	138	—	3	11	—	—
Syphilis	15	1	5	—	—	—	59	—	1	2	—	—
Conjunctivitis	6	—	1	—	—	—	70	—	2	—	—	—
Otitis	1	—	—	—	—	—	2	—	—	—	—	—
Ear Opacities	4	1	1	—	—	—	2	—	—	—	—	—
Defective Vision (excluding Squint)	145	72	—	95	40	—	107	15	—	62	5	—
Cataract	33	1	1	19	1	3	28	—	—	13	—	3
Other Conditions	9	1	—	3	—	1	81	1	1	9	—	—
Defective Hearing	3	—	—	7	4	—	16	1	—	16	—	—
Middle Ear	33	4	1	—	—	—	104	2	4	—	—	—
Other Ear Diseases	4	2	1	1	3	—	51	—	—	2	1	—
NOSE AND THROAT												
Enlarged Tonsils only	114	12	1	433	128	20	181	13	—	256	42	2
Adenoids only	35	1	3	41	10	2	85	1	—	48	4	—
Enlarged Tonsils & Adenoids	42	4	2	79	10	3	58	4	7	41	1	3
Other Conditions	6	6	—	13	8	—	44	2	—	22	2	—
Enlarged Cervical Glands	—	—	—	—	—	—	—	—	—	—	—	—
Non-Tuberculous)	13	—	—	44	19	13	23	—	—	50	2	3
Defective Speech	—	1	—	22	5	2	4	1	—	56	1	—
Dental Diseases	436	47	12	1	4	1	66	5	7	—	—	—
(See Table IV., Group IV.)												
SKIN & CIRCULATION												
Skin Disease :												
Organic	1	—	—	58	16	2	8	—	—	62	4	—
Functional	—	—	—	6	6	—	—	—	—	4	—	—
Scabies	68	42	—	21	15	2	31	1	—	26	9	—
Scurvy	—	—	—	—	—	—	—	—	—	—	—	—
Eczema	41	4	—	655	34	65	28	—	1	313	9	13
Non-Tuberculous Diseases	4	1	—	7	9	—	4	—	—	9	—	—

Ele. = Elementary.

Sec. = Secondary.

Ny. = Nursery.

TABLE II.—*continued.*

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.						SPECIAL INSPECTIONS.					
	No. of Defects.						No. of Defects.					
	Requiring Treatment.			Requiring to be kept under observation but not requiring Treatment.			Requiring Treatment.			Requiring to be kept under observation but not requiring Treatment.		
	Ele.	Sec.	Ny.	Ele.	Sec.	Ny.	Ele.	Sec.	Ny.	Ele.	Sec.	
TUBERCULOSIS —												
Pulmonary :												
Definite	5	—	—	2	—	—	10	—	—	2	—	
Suspected... ..	1	—	—	—	—	—	9	—	—	6	—	
Non-Pulmonary :												
Glands	5	—	—	4	—	1	6	—	—	9	—	
Spine	2	—	—	2	—	—	2	—	—	2	—	
Hip	—	—	—	—	—	—	1	—	—	2	—	
Other Bones and Joints...	2	—	—	2	—	—	2	—	—	4	—	
Skin	3	—	—	1	—	—	2	—	—	2	—	
Other Forms	4	—	—	1	—	—	4	—	—	3	—	
NERVOUS SYSTEM —												
Epilepsy	—	—	—	—	—	—	1	—	—	7	—	
Chorea	1	—	—	5	—	—	7	—	—	15	1	
Other Conditions	4	—	—	15	2	—	5	—	1	16	—	
DEFORMITIES												
Rickets	15	—	2	30	1	28	19	—	—	39	—	
Spinal Curvature	—	50	—	—	—	—	—	—	—	1	—	
Other Forms	10	91	—	23	165	1	13	—	—	30	4	
Other Defects and Diseases ...	52	19	1	132	38	3	761	4	8	410	9	

Ele. = Elementary.

Sec. = Secondary.

Ny. = Nursery.

B.—Number of *individual children* found at *Routine Medical Inspection* to require treatment (excluding Uncleanliness and Dental Diseases).

GROUP.	NUMBER OF CHILDREN.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
	(1).	(2).		(3).	(4).
CODE GROUPS: —			
Entrants	1,154	222	19·2
Intermediates	1,033	152	14·7
Leavers	571	120	21·0
Total (Code Groups)	2,758	494	18·0
Other Routine Inspections ...	765	183	24·0

		Boys.	Girls.	Total.
Blind (including partially blind).	(i.) Suitable for training in a School or Class for the totally blind.	...	...	—
		—
		—
		...	1	1
Deaf (including deaf and dumb and partially deaf).	(ii.) Suitable for training in a School or Class for the partially blind.	1	—	1
		...	1	1
		...	—	—
		...	—	—
Mentally Defective.	(i.) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	—	2	2
		...	—	—
		...	—	—
		...	—	—
Epileptics.	(ii.) Suitable for training in a School or Class for the partially deaf.	2	1	3
		...	—	—
		...	—	—
		...	—	—
Mentally Defective.	Feeble-minded.	45	31	76
		...	—	—
		...	—	—
		1	—	1
Epileptics.	Notified to the Local Control Authority <i>during the year.</i>	—	—	—
		...	3	3
		...	3	4
		...	—	—
Epileptics.	Suffering from severe epilepsy.	3	1	4
		...	—	—
		...	—	—
		...	—	—

TABLE III.—*continued.*

Epileptics (<i>continued</i>).	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools At no School or Institution ...	Boys. 4	Girls. 2	Total. 6
Physically Defective.	Active pulmonary tuber- culosis (including pleura & intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	1	2	3
		At Certified Residential Open-Air Schools ...	—	—	—
		At Certified Day Open-Air Schools ...	—	—	—
		At Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	1	1	2
	Quiescent or arrested pul- monary tuberculosis (in- cluding pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	—	—	—
		At Certified Residential Open-Air Schools ...	—	—	—
		At Certified Day Open-Air Schools ...	8	6	14
		At Public Elementary Schools ...	4	3	7
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	Tuberculosis of the peri- pheral glands.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	—	—	—
		At Certified Residential Open-Air Schools ...	—	—	—
		At Certified Day Open-Air Schools ...	5	1	6
		At Public Elementary Schools ...	9	9	18
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	Abdominal tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	—	—	—
		At Certified Residential Open-Air Schools ...	—	—	—
		At Certified Day Open-Air Schools ...	2	2	4
		At Public Elementary Schools ...	2	1	3
		At other Institutions ...	—	—	—
		At no School or Institution ...	1	—	1

Physically
Defective
(continued)

33

Tuberculosis of bones and joints (not including deformities due to old tuberculous).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	...	1	1	1
	At Certified Day Open-Air Schools ...	...	2	6	8
	At Public Elementary Schools ...	...	2	2	4
	At other Institutions ...	...	—	3	3
	At no School or Institution ...	...	4	1	5
	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	...	—	—	—
Tuberculosis of other organs (skin, etc.).	At Certified Day Open-Air Schools ...	...	2	2	4
	At Public Elementary Schools ...	...	1	4	5
	At other Institutions ...	...	—	—	—
	At no School or Institution ...	...	—	—	—
	At Certified Residential Cripple Schools ...	...	—	—	—
	At Certified Day Cripple Schools ...	...	—	—	—
Delicate Children, i.e., all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open-Air School.	At Certified Residential Cripple Schools ...	...	—	—	—
	At Certified Day Cripple Schools ...	...	—	—	—
	At Certified Residential Open-Air Schools ...	...	—	—	—
	At Certified Day Open-Air Schools ...	...	50	49	99
	At Public Elementary Schools ...	...	66	60	126
	At other Institutions ...	...	—	—	—
Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At no School or Institution ...	...	4	—	4
	At Certified Hospital Schools ...	...	—	—	—
	At Certified Residential Cripple Schools ...	...	—	—	—
	At Certified Day Cripple Schools ...	...	—	—	—
	At Certified Residential Open-Air Schools ...	...	—	—	—
	At Certified Day Open-Air Schools ...	...	1	—	1
Children with heart disease, i.e., children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School.	At Public Elementary Schools ...	...	40	41	81
	At other Institutions ...	...	—	—	—
	At no School or Institution ...	...	—	—	—
	At Certified Hospital Schools ...	...	—	—	—
	At Certified Residential Cripple Schools ...	...	—	—	—
	At Certified Day Cripple Schools ...	...	—	—	—
	At Certified Residential Open-Air Schools ...	...	—	—	—
	At Certified Day Open-Air Schools ...	...	1	—	3
	At Public Elementary Schools ...	...	1	—	1
	At other Institutions ...	...	—	—	—
	At no School or Institution ...	...	1	4	5
	At Certified Hospital Schools ...	...	—	—	—

TABLE IV.—Returns of Defects Treated during the Year ended 31st December, 1931.**TREATMENT TABLE.****GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.).**

DISEASE OR DEFECT. (1).	Number of Defects treated or under treatment during the year.		
	Under Authority's Scheme. (2).	Otherwise. (3).	Total. (4).
SKIN—			
Ringworm—Scalp	40	3	43
Ringworm—Body	73	1	74
Scabies	32	2	34
Impetigo	572	11	583
Other Skin Disease	151	4	155
MINOR EYE DEFECTS (External and other, but excluding cases falling in Group II.).	246	3	249
MINOR EAR DEFECTS	182	10	192
MISCELLANEOUS (e.g., minor injuries, bruises, sores, chilblains, etc.)	664	31	695
Total	1,960	65	2,025

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

DISEASE OR DEFECT. (1).	No. of Defects dealt with.			
	Under the Authority's Scheme. (2).	Submitted to Refraction by private practitioner or at hospital, apart from Authority's Scheme. (3).	Otherwise. (4).	Total. (5).
Errors of Refraction (including Squint)	555	3	3	561
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	85	—	—	85
Total	640	3	3	646

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme, 309. (b) Otherwise, 3.

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme, 285. (b) Otherwise, 3.

TABLE IV.—*continued.*

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.

Received Operative Treatment.			Received other forms of Treatment.	Total number Treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
(1).	(2).	(3).	(4).	(5.)
150	135	285	260	545

GROUP IV.—DENTAL DEFECTS.

) Number of children who were:—

(a) Inspected by the Dentist:

Aged:

Routine Age Groups	5	...	—	Total, 6090
	6	...	727	
	7	...	1066	
	8	...	1050	
	9	...	1179	
	10	...	103	
	11	...	822	
	12	...	554	
	13	...	538	
	14	...	51	

Specials 863

Grand Total 6953

(b) Found to require treatment 4134

(c) Actually treated 2594

(2) Half-days devoted to:—

Inspection, 56 ; Treatment, 330.
Total, 386.

(3) Attendances made by children for treatment, 3179.

(4) Fillings:—

Permanent Teeth, 853 ; Temporary Teeth, —
Total, 853.

(5) Extractions:—

Permanent Teeth, 760 ; Temporary Teeth, 3206.
Total, 3966.

(6) Administrations of general anæsthetics for extractions, —.

(7) Other operations:—

Permanent Teeth, 371 ; Temporary Teeth, 55.
Total, 426.

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses, 11.

(ii.) Total number of examinations of children in the Schools by School Nurses, 15,845.

(iii.) Number of individual children found unclean, 687.

(iv.) Number of children cleansed under arrangements made by the Local Education Authority, —.

(v.) Number of cases in which legal proceedings were taken:—

(a) Under the Education Act, 1921, —.

(b) Under School Attendance Bye-Laws, —.

TABLE V.—Dental Examinations.

SCHOOL.	No. of Children examined.			No. requiring treatment.			No. of Children treated.	Per-centage.
	Boys.	Girls.	Total.	Boys.	Girls.	Total.		
Albert Road ...	253	—	253	111	—	111	63	56·7
Alderman Leach ...	91	71	162	66	47	113	49	43·3
Arthur Pease ...	22	92	114	10	47	57	15	26·3
Beaumont Street...	210	268	478	97	129	226	107	47·3
Bondgate ...	136	111	247	78	66	144	55	38·1
Borough Road ...	166	152	318	96	87	183	97	53·0
Cockerton ...	77	82	159	43	56	99	51	51·5
Corporation Road	176	422	598	116	241	357	167	46·7
Dodmire ...	246	270	516	147	175	322	185	57·4
Gurney Pease ...	49	56	105	36	33	69	37	53·6
Harrowgate Hill ...	158	173	331	100	96	196	100	51·0
Haughton ...	18	20	38	16	18	34	24	70·5
Holy Family ...	43	38	81	29	25	54	15	27·7
Holy Trinity ...	72	103	175	40	53	93	36	38·7
North Road ...	106	430	536	69	231	300	160	53·3
Reid Street ...	397	179	576	229	112	341	204	59·8
Rise Carr ...	153	143	296	98	88	186	91	48·9
St. Augustine's ...	170	224	394	100	123	223	106	47·5
St. John's ...	206	186	392	98	80	178	77	43·3
St. William's ...	65	70	135	49	43	92	43	46·7
Central Secondary	70	70	140	41	40	81	41	50·6
Grammar ...	52	—	52	29	—	29	5	17·2
High ...	—	63	63	—	37	37	26	70·2
Junior Technical...	85	—	85	41	—	41	30	73·1
Kendrew St. Central	133	—	133	67	—	67	29	43·2
Open-Air ...	60	56	116	23	25	48	34	70·8
Barnard ...	40	30	70	11	12	23	15	65·2
Nursery ...	33	39	72	19	10	29	15	51·7
Total ...	3287	3348	6635	1859	1874	3733	1877	50·2